



## **PREA Grievance Form**

Do you have a complaint about being sexually abused or sexually harassed?

Write out your complaint (grievance) below to address it. If you need help writing your grievance, tell a staff member or teacher so they can help you. You can also ask someone to write the grievance for you.

What is your complaint?

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What do you want to happen?

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We will not share your name with staff unless you give permission or if you tell us that you are in danger.

\_\_\_\_\_  
Resident's Name or Person filing the report on  
Behalf of the Resident (optional)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Person(s) helping with grievance (if applicable)

\_\_\_\_\_  
DATE



1<sup>st</sup> Level Review/Resolution – Facility PREA Compliance Manager

Findings:

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Action Taken:

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PREA Compliance Manager's Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Does the resident want to appeal the decision? \_\_\_ Yes \_\_\_ No

Resident's Signature: \_\_\_\_\_

Appeal: 2<sup>nd</sup> Level Review/Resolution – PREA Coordinator

Decision: \_\_\_\_\_ Upheld \_\_\_\_\_ Reversed

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PREA Coordinator's Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Does the resident want to appeal the decision? \_\_\_ Yes \_\_\_ No

Resident's Signature: \_\_\_\_\_

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Appeal: 3<sup>rd</sup> Level Review/Resolution – Director of Information Management and Compliance

Decision: \_\_\_\_\_ Upheld \_\_\_\_\_ Reversed

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Director of IM and Compliance Signature: \_\_\_\_\_

Date/Time: \_\_\_\_\_