

### Sexual Offense Allegation Reporting Form

**SECTION I.** To be completed/submitted during shift allegation is reported.

*\*\*Information listed in Section I. is information as known during initial report.*

Facility/District:	Staff Involved:
Date of Occurrence:	
Date Reported:	Offenders Involved:
Name/Title of staff completing Section I.	
Summary of allegation/incident:	

1) Type of reported Sexual incident:

- a. Offender to Offender
- b. Staff to Offender

2) Alleged Victim Information:

- |         |                                      |                    |      |   |
|---------|--------------------------------------|--------------------|------|---|
| Gender: | <input type="checkbox"/> Male        | Number of Victims: | Age: | <input type="checkbox"/> a. 18-24       |
|         | <input type="checkbox"/> Female      |                    |      | <input type="checkbox"/> b. 25-29       |
|         | <input type="checkbox"/> Transgender |                    |      | <input type="checkbox"/> c. 30-34       |
|         | <input type="checkbox"/> Intersex    |                    |      | <input type="checkbox"/> d. 35-39       |
|         |                                      |                    |      | <input type="checkbox"/> e. 40-44       |
|         |                                      |                    |      | <input type="checkbox"/> f. 45-54       |
|         |                                      |                    |      | <input type="checkbox"/> g. 55 or older |

Race/Ethnic Origin:

- a. White
- b. Black
- c. Hispanic or Latino
- d. American Indian/Alaska Native (not of Hispanic origin)
- e. Asian (not of Hispanic origin)

- f. Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- g. Other racial category in your information system – Specify:

3) Alleged Perpetrator Information:

- Gender:  a. Male      Number of Perpetrators:      Age:  a. 18-24
- b. Female       b. 25-29
- c. Transgender       c. 30-34
- d. Intersex       d. 35-39
- e. 40-44
- f. 45-54
- g. 55 or older

Race/Ethnic Origin:

- a. White
- b. Black
- c. Hispanic or Latino
- d. American Indian/Alaska Native (not of Hispanic origin)
- e. Asian (not of Hispanic origin)
- f. Native Hawaiian or Other Pacific Islander (not of Hispanic origin)
- g. Other racial category in your information system – Specify:

4) Did the incident take place in an area subject to video monitoring?

- A. Yes
- B. No

5) What time did the incident occur?

- a. Morning (6 a.m. to noon)
- b. Afternoon (noon to 6 p.m.)
- c. Evening (6 p.m. to midnight)
- d. Overnight (midnight to 6 a.m.)

6) Who reported the incident?

- a. Victim
- b. Another offender [] (non-victim)
- c. Family of victim
- d. Correctional officer/front line staff
- e. Administrative staff
- f. Medical/healthcare staff
- g. Instructor/teacher
- h. Counselor
- i. Chaplain or other religious official
- j. Other – Specify:

7) Incident reported to be

- a. Consensual Sexual Offense
- b. Non-Consensual Sexual Offense\*
- c. Abusive Sexual Contact\*
- d. Staff Sexual Offense\*
- e. Staff Sexual Harassment\*
- f. Inmate Sexual Harassment\*

8) Alleged sexual incident reported as:

- a. Completed
- b. Attempted

9) Where did the reported incident occur?

- a. Victim's cell/room
- b. Perpetrator's cell/room
- c. Common area within living unit (shower, bathroom, dayroom)
- d. Work/program area
- e. Outside the facility
- f. While in transit
- g. Other – Explain:

10) Were the State Police notified?

- Yes- Contacted by: (Name/Title/Date/ Time)  
KSP Contact name:  
KSP response:  
KSP investigator assigned, if known:
- No - Explain why:

11) Medical Response:

- Seen by Facility Medical Department
- Transported to outside hospital, Name of hospital
- Not seen by Medical - Explain why:

12) Victim request Victim Advocate Services?

- a. Yes: Contacted by/Date/Time :
- b. No: (Advocate Information given to offender)

13) Mental Health Notification (shall be notified during shift reported)

Person notified: (Name/Title)  
Date/Time Notified:

14) At initial report, were the victim and perpetrator separated?

- Yes, Method of separation:
  - No- Explain why:
-

**Section II.** To be completed by Investigator

**PREA Investigator assigned: (Name/Title)**

15) What type of pressure or physical force was used by the perpetrator on the victim?

- a. Persuasion or talked into sexual activity
- b. Bribery or blackmail
- c. Gave victim drugs or alcohol
- d. Offered protection from other offenders
- e. Threatened with physical harm
- f. Physically held victim down or restrained in some way
- g. Physically harmed or injured
- h. Threatened with a weapon
- i. Other – Specify:

16) Did the victim receive medical treatment for any of the following injuries?

- a. Knife or stab wounds
- b. Broken bones
- c. Anal or vaginal tearing
- d. Chipped or knocked out teeth
- e. Internal injuries
- f. Knocked unconscious
- g. Bruises, black eye, sprains, cuts, scratches, swelling, welts
- h. Other – Specify:

17) If the incident was non-consensual, was the Sexual Offense:

- a. Substantiated – Determined to have occurred
- b. Unsubstantiated – Insufficient evidence to support
- c. Unfounded – Determined not to have happened
- d. N/A – Found to be a consensual incident

18) If the incident was non-consensual and substantiated list actions against perpetrator

19) If the incident was consensual, list sanctions taken against offenders

20) If the incident was unfounded, list actions taken against claimant

21) Final review by the Facility PREA Compliance Manager:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

22) Final review by Deputy Commissioner/Designee, Adult Institutions:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Definitions:**

### **Offender to Offender**

- \* **Non-consensual sexual acts:** Contact of any person without his or her consent, or of a person who is unable to consent or refuse such as contact between the penis and the vagina or the penis and the anus including penetration, however slight; Contact between the mouth and the penis, vagina, or anus; Penetration of the anal or genital opening of another person by hand, finger or other object.
- \* **Abusive Sexual Contact:** Contact of any person without his or her consent, or of a person who is unable to consent or refuse; intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttocks of any person.
- \* **Offender Sexual Harassment:** Repeated and unwelcome sexual advances, requests for sexual favors or verbal comments, gestures or actions of a derogatory or offensive sexual nature by an offender, detainee or resident directed toward another offender.

### **Staff to Offender**

***All Staff to offender sexual contact shall be considered Non-Consensual.***

- \* **“Sexual offense”** means any behavior or act of a sexual nature directed toward an offender by a staff member. This includes completed, attempted, threatened or requested acts including sexual abuse, voyeurism, sexual contact, conduct of a sexual nature or implication, obscenity and unreasonable invasion of privacy. Sexual offense also includes conversations or correspondence, which suggest a romantic or sexual relationship between an offender and a staff member.
- \* **Staff Sexual Harassment:** Repeated verbal statements or comments of a sexual nature to an offender by a staff member such as demeaning reference to gender or derogatory comments about body or clothing; profane or obscene language or gestures.

### **General**

- \* **Substantiated Allegation:** means an allegation that was investigated and determined to have occurred.
- \* **Unsubstantiated Allegation:** means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.
- \* **Unfounded Allegation:** means an allegation that was investigated and determined not to have occurred.