

# Catawba County Detention Facility

## Prison Rape Elimination Act (PREA) Third Party Report Form

Name(s) of Inmate (Victim): \_\_\_\_\_

\_\_\_\_\_

Name(s) of Alleged Assailant(s): \_\_\_\_\_

\_\_\_\_\_

Name of Witnesses: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Did the incident occur inside the jail? Yes \_\_\_\_\_ No \_\_\_\_\_

Location incident occurred (Housing Unit, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your name and phone number:

\_\_\_\_\_  
\_\_\_\_\_

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

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

Please mail completed form to: **PREA Coordinator 100 Government Drive Dept E., Newton NC 28658**