



PREA Third Party Grievance Reporting Form

for Alleged Sexual Abuse and Sexual Harassment

Resident Name: _____ Center/Pod: _____

Please Provide Details of the Alleged Incident:

Date of alleged incident:

Time of alleged incident:

Who was involved?

Description of alleged incident?

Any other pertinent information:

Reporter's Name/Relationship:

Telephone Number:

Points to Remember:

1. Third party reports can also be submitted by calling 1-800-25-ABUSE (800-252-2873)
2. Third parties, including fellow youth, staff members, family members, attorneys, and outside advocates, are permitted to assist youth in filing requests for administrative remedies relating to allegations of sexual abuse, and may file such requests on behalf of youth.
3. If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the JTDC administration may request as a condition of processing the report that the alleged victim agree to have the request filed on her behalf. Additionally, it may be requested that the alleged victim personally pursue any subsequent steps in the administrative remedy process.
4. If the youth declines to have the request processed on her behalf, the PREA Coordinator will document the resident's decision. However, should the resident decline, this decision does not close the investigation and the administrative investigation protocol may proceed.
5. A parent or legal guardian of a resident shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of resident. Such a grievance shall not be conditioned upon the resident agreeing to have the request filed on their behalf.
6. All suspected and substantiated criminal behavior will be referred to the appropriate law enforcement agency.

Form can be mailed to:
Cook County Juvenile Temporary Detention Center
Attention: PREA Coordinator
1100 S. Hamilton
Chicago, Illinois 60612

Form can be:
Given to: Supervisor in Charge
Placed in: PREA Grievance Box
Emailed to: JTDC.PREA@cookcountyil.gov

Program Use Only

The resident declines / accepts to have this request processed on their behalf.

Resident Name

Resident Signature

Date

Caseworker Name

Caseworker Signature

Date