

Community Transition Center

Client Sexual Abuse/Harassment Reporting Form

Community Transition Center is committed to a zero-tolerance policy regarding any client sexual abuse, harassment, or retaliation by another client, employee, independent contractor, intern, volunteer or vendor with whom business is conducted.

Use this form to report allegations of sexual abuse/harassment or retaliation against a CTC client. The more information received from you, will better assist with the investigation.

Today's Date: _____

Your Name (optional): _____ Phone Number (optional): _____

Your E-mail: _____

Client's (victim) Name: _____

Relationship to Client (victim): _____ Perpetrator(s) Name(s), if known

Nature of Allegation (Check All That Apply)

Staff against Client Other – Independent contractor, intern, volunteer, etc.

Client against Staff Retaliation

Client against Client

How did you learn about the alleged action(s)?

Date of Incident: _____ Time of Incident: _____ A.M./P.M.

Location of incident (if known): _____

In your own words, describe what happened:

List the name(s) of all parties involved (if known) and how they are connected to the incident:

Completed forms can be:

Mailed to: Community Transition Center, Attn: Mindy Morrison (PREA Coordinator)

151 E. Hubert Ave. Lancaster, Ohio 43130

E-mailed to: mindy@ctclancaster.com

DRC.ReportSexualMisconduct@odrc.state.oh.us