

# Hampton Sheriff's Office

## PREA Reporting Form

The Hampton Sheriff's Office will investigate all allegations of sexual abuse, sexual misconduct, harassment and retaliation by any inmate or staff member of the Hampton Sheriff's Office upon receipt of this form. It is the intention of this Office to ensure that all inmates and staff members conduct themselves in an appropriate manner at all times. This form is a pre-requisite to the investigation of any allegation of sexual abuse, sexual misconduct, harassment or retaliation reported through the website.

Complainant's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Name(s) of the inmate: \_\_\_\_\_

\_\_\_\_\_

Name(s) of person(s) involved: \_\_\_\_\_

\_\_\_\_\_

Name(s) of any witnesses: \_\_\_\_\_

\_\_\_\_\_

Date of the incident: \_\_\_\_\_ Time of incident: \_\_\_\_\_

Location of the incident: \_\_\_\_\_

Description of the incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional relevant information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mail Report Form to: **PREA Coordinator**  
**Hampton Sheriff's Office,**  
**1928 W. Pembroke Avenue, Hampton, VA 23661**