

West Central Juvenile Rehabilitation Facility

PREA: 115.354

Third Party Reporting Form

Alleged Sexual Abuse, Sexual Assault, and Sexual Harassment

Please Provide Information about the Youth:

Youth Name:

Committing County:

Please Provide Details of Alleged Incident:

Date of Alleged Incident:	Time of Alleged Incident:
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Explain What Allegedly Occurred:

Where Did Incident Occur:

How did you Hear About the Alleged Incident:
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Anything Else West Central Needs to Know About the Alleged Incident:
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Please Provide West Central with the Following Information:

Your Name:

Telephone Number:

E-Mail Address:

Once you have filled out this information, please do one of the following:

E-Mail to:

bknackstedt@co.miami.oh.us

or

Mail to:

West Central Juvenile Rehabilitation Facility

2044 N. Co. Rd. 25A

Troy, Ohio 45373

Attn. Brent Knackstedt

If you feel a youth is at a substantial risk of imminent harm, immediately notify the facility of your concerns by calling (937)440-5651 and speaking with the Executive Director, Brent Knackstedt or any staff member. The staff will immediately forward the concern to the Director for review so immediate corrective action may be taken to protect all youth involved.