Johnson County Sheriff's Office

Prison Rape Elimination Act (PREA) Report Form

The Prison Rape Elimination Act (PREA) of 2003 is a federal law established to support the elimination and prevention of sexual assault and sexual misconduct in correctional systems. PREA addresses both inmate-to-inmate sexual assault and staff-to-inmate sexual assault. The Johnson County Sheriff's Office (JCSO) fully supports the guidelines set forth in this law and has ZERO-TOLERANCE for any and all incidents of sexual assault and sexual misconduct in accordance with the Prison Rape Elimination Act of 2003.

If you feel that your family member or friend has been the victim of sexual abuse at the hands of another inmate or if you have information concerning suspected incidents of employee sexual misconduct involving Johnson County Sheriff Office Detention personnel, please submit a report to the Johnson County Sheriff's Office Professional Standards Unit using this form.

| Name (Reporting Party): |
|--|
| Mailing Address: |
| City: |
| State: |
| Zip Code: |
| Primary Phone: |
| Cell Number: |
| Email: |
| Victims Name: |
| In which facility did the incident occur? |
| Central Booking – 101 North Kansas Ave, Olathe Ks 66061 |
| and the second s |
| New Century Detention Center – 27745 West 159 th Street, New Century Ks 66031 |
| New Century Detention Center – 27745 West 159 th Street, New Century Ks 66031 |
| New Century Detention Center – 27745 West 159 th Street, New Century Ks 66031 Type of incident: |
| |
| Type of incident: |
| Type of incident: Inmate on Inmate |
| Type of incident: Inmate on Inmate Staff on Inmate |
| Type of incident: Inmate on Inmate Staff on Inmate Date and Time of Incident: |
| Type of incident: Inmate on Inmate Staff on Inmate Date and Time of Incident: Location of Incident (module/Area): |
| Type of incident: Inmate on Inmate Staff on Inmate Date and Time of Incident: Location of Incident (module/Area): Please list the name of the offender(s) involved. |

| Please | list the | e name o | of any p | ersons | who w | ritnesses | the in | cident. | |
|--------|----------|----------|-----------|---------|----------|-----------|---------|---------------|--|
| (More | can be | identifi | ied in th | e narra | ative se | ection be | elow if | f necessary). | |

First Witness Name:

Second Witness Name:

Third Witness Name:

Please explain the details of the incident including any other persons not already identified.