



# COLUMBIA COUNTY SHERIFF'S OFFICE

901 Port Avenue, St. Helens, OR 97051  
Office 503-366-4611 FAX 503-366-4644

## PRISON RAPE ELIMINATION ACT REPORTING FORM

If you were the victim of a sexual assault while in the custody of any law enforcement agency or correctional facility, or if you know of an incident of sexual assault of a person in the custody of any law enforcement agency or correctional facility, we urge you to report the incident by using the form below. Your anonymity will be protected. All reported incidents will be investigated. You will be contacted, but you may remain anonymous.

Date and Time of Incident: \_\_\_\_\_ (be as specific as possible)

Location of incident: \_\_\_\_\_  
(i.e. name of jail, cell #, Pod, Shower, etc.)

Person Making Report: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of Victim: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB or Approx. Age: \_\_\_\_\_

How to Contact the Victim: \_\_\_\_\_

Name of Suspect: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB or Approx. Age: \_\_\_\_\_

How to Contact the Suspect: \_\_\_\_\_

Description of incident:

\_\_\_\_\_  
Signature of Person Making Report

\_\_\_\_\_  
Date of Report