

# Alabama Department of Youth Services

<b>Third Party Reporting for Alleged Sexual Abuse, Sexual Assault and Sexual Harassment</b>			
Name of Juvenile			
Facility			
<b>Please Provide Details of the Alleged Incident</b>			
Date of alleged incident:			
Time of alleged incident:			
Who was involved?			
What happened?			
Where did it occur?			
How did it occur?			
Any other pertinent information:			
Reporter's Name:		Telephone Number:	
Reporter's email address:			
Please email form to Bobby Latham, DYS PREA Coordinator, at: <a href="mailto:bobby.latham@dys.alabama.gov">bobby.latham@dys.alabama.gov</a> or send via mail to: 8950 Roebuck Blvd., Birmingham, Alabama 35206			
<b>Points to Remember:</b>			
<ol style="list-style-type: none"> <li>1. Third parties, including fellow juveniles, staff members, family members, attorneys, and outside advocates, shall be permitted to assist juveniles in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of juveniles.</li> <li>2. If a third party, other than a parent or legal guardian, files such a request on behalf of a juvenile, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.</li> <li>3. If the juvenile declines to have the request processed on his or her behalf, the agency shall document the juvenile's decision.</li> <li>4. <b>A parent or legal guardian of a juvenile shall be allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile.</b> Such a grievance shall not be conditioned upon the juvenile agreeing to have the request filed on his or her behalf.</li> </ol>			
The juvenile <input type="checkbox"/> declines / <input type="checkbox"/> accepts to have this request processed on his/her behalf.			
_____ Juvenile Signature		_____ Date	
_____ Witness Signature		_____ Date	