



Third Party Reporting Form

Today's Date:
 Mail to:
 471 E. Mercury
 Butte, MT 59701

Sexual Abuse or Sexual Harassment on Behalf of an Offender

Please complete this form to report sexual abuse or sexual harassment on behalf of an offender (resident).
 CCCS Inc. will ensure that all staff, contractors, volunteers, and offenders/residents are free from retaliation for reporting occurrences of sexual abuse or harassment.

CONTACT INFORMATION

Name (Last, First):		Phone (optional):	
Best time to contact you:	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		

DESCRIPTION OF INCIDENT

Date of incident (if known):		
Offender(s) involved:		
Staff member(s) involved:		
Type of incident (if known):	<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Unknown	
Facility of Offender:	(Please Choose from the list below):	
Butte Pre-Release	START	Martin Hall Juvenile Detention (Spokane, Wa)
Butte Women's Transitional Center	WATCh (Warm Springs)	NEXUS (Lewistown)
BPRC/WTC Transitional Living	WATCh East (Glendive)	Discovery House (Anaconda)
Bismarck Transitional Center	Connections Corrections (Butte)	
Gallatin Re-Entry	ESP (Butte)	
Facility of Incident:	(Please choose from list above):	
Description of the incident: (Please provide any information that may be useful in our investigation)		

If you have additional questions or concerns please call or email Marwan Saba at 406-782-0417 or msaba@cccscorp.com.