



Third Party Reporting Form

Sexual Abuse or Sexual Harassment on Behalf of an Offender

Today's Date:
 Mail to: Marwan Saba PREA
 Coordinator
 471 E. Mercury
 Butte, MT 59701

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	Gallatin Re-Entry
Butte Women's Transitional Center	WATCH West (Warm Springs)	Martin Hall Juvenile Detention (Spokane, Wa.)
ETSS	WATCH East (Glendive)	NEXUS (Lewistown)
Bismarck Transitional Center	Connections Corrections (Butte)	Discovery House (Anaconda)
Connection Corrections (Warm Springs)		
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 Marwan Saba PREA Coordinator at 406-491-0245 or email msaba@ccscorp.com