

Norfolk Sheriff's Office
Prison Rape Elimination Act – Sexual Abuse and Sexual Harassment Reporting
Third Party Reporting Form

You may submit a report via email to ReportSexualAbuse@norfolk-sheriff.com

Name	Inmate Permanent #	Today's Date	Male/Female
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Please provide your information

Reporter's Name	Phone Number	E-mail Address	Anonymous
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Please provide details of the alleged incident

Date and time of alleged incident:
Who was involved:
Where did it occur:
How did it occur:
When did you become aware of the incident:
How did you become aware of the incident:
Any other pertinent information:
Is the alleged victim: <input type="checkbox"/> Juvenile <input type="checkbox"/> Limited English Proficient <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Transgender <input type="checkbox"/> Intersex
Is the inmate contained solely for immigration purpose? <input type="checkbox"/> Yes <input type="checkbox"/> No

Per Departmental Policy and Procedure all information provided is considered confidential