

**Perry Multi-County Juvenile Facility  
Third Party Reporting Form**

**Alleged Sexual Abuse, Sexual Assault and Sexual Harassment**

*Please provide resident's information:*

Resident Name:
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*Please provide details of the alleged incident:*

Date of alleged incident:	Time:
Who was involved:	
What happened:	
Where did it occur:	
How did it occur:	
How did you find out about the alleged incident:	
Any other pertinent information:	

*Please provide your information:*

Reporter's Name:	Telephone Number:	Email Address:
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*Upon completion of form:*

Please email form to Director Jay Conrad at: <a href="mailto:jay.conrad@pmcjf.com">jay.conrad@pmcjf.com</a>
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*Or send via mail to:*

<b>PM CJF</b> <b>Attn: Jay Conrad, Director</b> <b>1625 Commerce Drive</b> <b>New Lexington, Ohio 43764</b>
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\*\*\*If you feel a resident is subject to a substantial risk of imminent harm, immediately notify the facility of your concerns by calling (740) 342-9700 and speaking with the Director, Jay Conrad (if available) or any staff member. Staff shall immediately forward the concern to the Director or a level of review where immediate corrective action may be taken.