Third Party Reporting Form

Sexual Abuse or Sexual Harassment on behalf of the Juvenile

Instructions

Please complete this form to report sexual abuse or sexual harassment on behalf of a juvenile resident in custody at Cowlitz County Juvenile Detention Center. We will ensure that all staff, contractors, volunteers, and other residents are free from retaliation from reporting occurrences of sexual abuse and harassment. Once completed, you may email this form to MaudlinN@ cowlitzwa.gov or you can bring it to the detention center at 1725 1st Ave, Longview, WA 98632.

Contact Information

Name:_____

Phone Number:_____

Description of Incident

Date:_____

Facility/location:_____

Juvenile(s) Involved:_____

Staff Members Involved: _____

Type of Incident:_____

Description of Incident:

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