



# Third Party Reporting Form

To Report Sexual Abuse or Sexual Harassment on Behalf of a client.

Today's Date: \_\_\_\_\_

**Mail to:**  
 Volunteers of America Texas  
 c/o: VOATX PREA Coordinator  
 300 E. Midway Dr,  
 Euless, TX 76039  
 -or-  
**Email to:**  
 PREA@voatx.org

*Third party individuals should complete this form to report sexual abuse or sexual harassment on behalf of a client.*

## **CONTACT INFORMATION**

Name of Third Party Reporter (Last, First):

Phone(Optional): \_\_\_\_\_ Best time to contact you:  Morning  Afternoon

## **DESCRIPTION OF INCIDENT**

Date of Incident(if known): \_\_\_\_\_

Client(s) involved: \_\_\_\_\_

Staff member(s) involved: \_\_\_\_\_

Type of Incident (if known):      Sexual Abuse                      Sexual Harassment                      Unknown

Description of Incident: (Please provide any information that may be useful in our investigation):

If you have any additional questions or concerns, please email the PREA Coordinator at PREA@voatx.org