

INVESTIGATIVE SERVICES

Protection Against Retaliation Form for Reporters of Sexual Abuse

BCCY SCY SCYC

Date: _____

IS Case# _____

Youth/Staff Name: _____

Client ID# (if applicable): _____

In accordance with YS Policy No. A.1.4 and US DOJ PREA Standard 115.367, which states the Youth and Staff who report sexual abuse or cooperate with sexual abuse investigations shall be protected from retaliation by other youth or staff. You as a reporter/witness are being called to follow up as to whether you have been retaliated against by anyone in reference to the above noted IS Case#.

Reporter- Youth/Staff

Yes No

1. Have you experienced any retaliation by any staff?

2. Have you experienced any retaliation by any youth?

Youth/Staff Signature

Date

IS Investigator Signature

Date

Original to IS Case File