



Contract Provider / Volunteer Confirmation of Receipt
Prison Rape Elimination Act (PREA)

This is to acknowledge that I received and understand information on the Prison Rape Elimination Act of 2003 regarding the following:

- ❖ The Prison Rape Elimination Act: Overview of the Law and Your Responsibilities
- ❖ The Right to be Free from Sexual Abuse, Sexual Harassment and Retaliation for Reporting
- ❖ Prevention and Detection of Sexual Abuse and Sexual Harassment
- ❖ Response and Reporting of Sexual Abuse and Sexual Harassment
- ❖ Professional Boundaries
- ❖ Effective and Professional Communication with Residents

I further acknowledge that if I have any questions or need assistance with guidelines regarding the elimination, reduction, prevention reporting procedures for PREA I will seek guidance from seek guidance from the Facility Director or designee.

Contract Provider / Volunteer Signature

Date

Contract Provider / Volunteer (printed)

Training ID/Personnel Number

Location

C: Contract Provider / Volunteer File