

Third Party Reporting Form

Person reporting: _____

Location: _____

Type of Complaint:

Circle: Sexual Abuse, Sexual Harassment {PREA Standard, 115.354}, Physical Abuse, Verbal Abuse, Staff Misconduct, Other (list below);

Staff/Persons Involved: _____

Grievance/Complaint Statement:

Action Desired or Requested:

If you suspect or have knowledge of sexual abuse or harassment of our youth, you may contact:
Sharon Evans at 713-530-3260/713-942-8822 and be aware it is a mandated reporting for any incident
of sexual abuse to a minor and should be reported to DFPS 800-252-5400 and the Harris County Office of the
Sheriff 713-755-6044 {PREA Standard 115.311}.

Signature of Reporter: _____ Date _____

PREA Reporting Chain:

Date Incident was reviewed: _____ Outcome: _____

Administrator/Director: _____

PREA Compliance Manager: _____ Date Reviewed _____

Grievance form submitted to PREA Coordinator (Sharon Evans):

Name: _____ Date: _____

Shamar Hope Haven Residential Treatment Center

2719 TRUXILLO STREET HOUSTON TEXAS 77004 (OFFICE) 713-942-8822 (FAX) 713-942-8878