# 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

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

## CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Name of Third Party Reporter (Last, First):</th>
<th>Phone (Optional):</th>
<th>Best time to contact you:</th>
<th>Morning</th>
<th>Afternoon</th>
</tr>
</thead>
</table>

## DESCRIPTION OF INCIDENT

<table>
<thead>
<tr>
<th>Date of Incident (if known):</th>
<th>Client(s) involved:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff member(s) involved:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Incident (if known):</th>
<th>Sexual Abuse</th>
<th>Sexual Harassment</th>
<th>Unknown</th>
</tr>
</thead>
</table>

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

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