

CLIENT SEXUAL ABUSE /HARASSMENT REPORTING FORM

PLEASE GO OVER THIS FORM WITH THE CLIENT, AFTER REVIEW GIVE TO THE CLIENT.

Oriana House, Inc., is committed to a zero-tolerance policy regarding any client sexual abuse, harassment or retaliation by another client, employee, independent contractor, intern, volunteer or vendor with whom business is conducted.

*Use this form to report allegations of sexual abuse/harassment or retaliation against an Oriana House client.
The more information you are able to provide, the better it will assist the investigation.*

Today's Date: _____

Your Name (optional): _____

Your Phone Number (optional): _____

Your E-mail Address (optional): _____

Client's (victim) Name: _____

Client's Facility: _____

Your relationship to the client (victim): _____

Perpetrator(s) Name(s), if known: _____

Nature of the allegations (select one):

- | | |
|--|--|
| <input type="checkbox"/> Staff against Client | <input type="checkbox"/> Other – independent contractor, intern, volunteer, vendor, etc. |
| <input type="checkbox"/> Client against Staff | <input type="checkbox"/> Retaliation |
| <input type="checkbox"/> Client against Client | |

How did you learn about the alleged action(s)?

Date of Incident: _____

Time of Incident: _____ A.M. / P.M.

Location of Incident (if known): _____ County: _____

In your own words, describe what happened:

List the name(s) of all parties who were involved and how they are connected to the incident:

Completed forms can be:

Mailed to: Oriana House, Inc., Client Sexual Abuse Response Team, P.O. Box 1501, Akron, OH 44309

or

Faxed to: (330) 996-2233. Please indicate "Attention Client Sexual Abuse Response Team" on your fax cover sheet.

or

Emailed to: SexualAbuseReporting@orianahouse.org