

Ohio Department of Youth Services
Third Party Reporting for Alleged Sexual Abuse, Sexual Assault and Sexual Harassment

Please provide youth's information:

Youth Name: Click here to enter text.	Youth Number: Click here to enter text.	Facility: Click here to enter text.
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Please provide details of the alleged incident:

Date of alleged incident: Click here to enter a date.	Time of alleged incident: Click here to enter text.
Who was involved: Click here to enter text.	
What happened: Click here to enter text.	
Where did it occur: Click here to enter text.	
How did it occur: Click here to enter text.	
Any other pertinent information: Click here to enter text.	

Please provide your information:

Reporter's Name: Click here to enter text.	Telephone Number: Click here to enter text.	Email Address: Click here to enter text.
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Upon completion of form:

Please email form to Marlean Ames, PREA Coordinator, at: Marlean.Ames@dys.ohio.gov

Or:

Send via mail to:

*Marlean Ames, PREA Coordinator
Office of Quality Assurance and Improvement
Ohio Department of Youth Services
30 West Spring Street, 5th Floor
Columbus, Ohio 43215*