



BECKER COUNTY JAIL

1428 STONY ROAD
DETROIT LAKES, MN 56501
PHONE: 218-847-2939 • FAX: 218-846-2580

PREA 3rd Party Reporting Form

If you were the victim of a sexual assault while in the custody of any law enforcement agency or correctional facility, or if you know of an incident of sexual assault of a person in the custody of any law enforcement agency or correctional facility; we urge you to report the incident by using this form by USPS or e-mail. Your anonymity will be protected. If you fail to report an incident, you could be found to have acted with deliberate indifference towards the victim's health and/or safety. All reported incidents will be investigated. You will be contacted, but you may still remain anonymous.

Name: _____ DOB: ____/____/____
(Print) Last, First Middle Initial

Address: _____
Physical Address City State Zip Code

Primary Phone: (____) ____-____ Mobile Phone Land Line

Secondary Phone: (____) ____-____ Mobile Phone Land Line

E-mail address: _____

Incident (please be specific): _____

Who was the victim? _____

How can we contact the victim? _____

Who was the suspect? _____

Where could we contact the suspect? _____

When and where did the incident take place? _____

The above information is true to the best of my ability.

Signed: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____