

**Northwest Ohio Juvenile Detention, Training and
Rehabilitation Center**

Serving the Counties of
Defiance Fulton Henry Williams

**THIRD PARTY REPORTING FOR ALLEGED SEXUAL ABUSE,
SEXUAL ASSAULT AND SEXUAL HARASSMENT**

Please Provide –

Youth's Name: _____

Today's Date: _____

Specific Details Regarding the Allegation –

Date of Alleged Incident: _____ Time of Alleged Incident: _____

When Did It Happen: _____ Where Did It Occur: _____

What Happened: _____

How Did It Occur: _____

Who Was Involved: _____

Any Other Information: _____

Your Name: _____

Your Telephone Number: _____

Your Address: _____

You may e-mail this form to: brianpatrick@nwojdc.org or by mail at:

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