Georgia Department of Juvenile Justice

Prison Rape Elimination Act (PREA)

Youth Acknowledgement Statement

Youth’s Name: _________________________________________ DJJ ID #:__________________

I have received, reviewed and/or staff has read all of the PREA information to me and staff have satisfactorily explained and answered to my satisfaction any questions or concerns I may have had regarding PREA. I also understand the following:

1. The Georgia Department of Juvenile Justice prohibits any form of sexual activities between youth on youth, youth on staff, contractors, volunteers or interns, whether consensual or not.

2. DJJ has a zero tolerance policy regarding sexual abuse and sexual harassment.

3. I have a right to be free from sexual abuse and sexual harassment.

4. If I have been a victim or witness of sexual abuse, or I have knowledge of any incident of sexual abuse or sexual harassment, I may report these incidents or seek relief against retaliation by:
   A. Completing a Help Request Form;
   B. Using the grievance process;
   C. Dropping a note in the Director’s Box;
   D. Telling a counselor, Youth Probation or Parole Officer, Medical or Mental Health Staff; Director or Assistant Director, Parent or Guardian, Chaplain or Minister, or any adult that I may trust;
   E. Telling my legal counselor;
   F. Using the Rape, Abuse, Incest Network (RAIN) – National Sexual Abuse Hotline, 800 numbers listed on PREA posters, GA Network to End Sexual Assault (GNESA), GA DJJ Victim Services, GA Ombudsman Office, GA Department of Human Services/Division of Family and Children Services.

5. I have reviewed the PREA Video upon arrival at the facility as a part of the intake process.

I have read or staff have read and explained the above information to me and I understand the PREA information.

Print Name: _____________________________________________ Date: ___________________

Youth Signature: ___________________________________________________________________

Staff Delivering the Information: ______________________________________________________

Date: ______________________