



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: _____