



CENTRAL OHIO YOUTH CENTER

Serving Champaign, Delaware, Logan, Madison and Union Counties

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NATALIE LANDON, Superintendent

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

Please provide the following information:

Resident's Name: _____

Date of Alleged Incident: _____ Time: _____

Who was involved: _____

What happened:

Where did it occur:

How did it occur:

Any other pertinent information:

You do not need to include your information with this report. However, you may provide your information so that we may contact you for further information if needed.

Reporter's Name: _____ Telephone: _____ Email: _____

Please mail or fax this completed form to one of the names above at the address number listed. You may also email a copy of this form to: tlancaster@coyc.org or nlandon@coyc.org

If you feel a resident is at risk of imminent harm, immediately notify the facility by calling the number above and speaking with the superintendent or any staff member. Staff will immediately forward your concern to the superintendent for a level of review where immediate corrective action may be taken to protect the resident.