

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES
JUVENILE JUSTICE SERVICES**

PRISON RAPE ELIMINATION ACT YOUTH ACKNOWLEDGMENT

Youth Printed Name: _____

By signing this form, you are stating that you have been provided information on the Prison Rape Elimination Act and that you understand the following:

1. This facility has a **zero tolerance policy** towards all forms of sexual abuse and sexual harassment of youth under supervision or in custody. This includes youth on youth and staff on youth sexual abuse and sexual harassment. Such conduct is punishable by administrative or disciplinary sanctions and/or criminal prosecution.

1. I have a right to be free from sexual abuse, sexual harassment, and retaliation from reporting sexual abuse and sexual harassment.

2. Sexual activities between youth and youth or staff and youth are not allowed, even if consensual.

3. If I have been a victim of or a witness to sexual abuse or sexual harassment, I understand that I can report this by:
 - Telling any staff member;
 - Filling out a written grievance;
 - Calling the PREA Coordinator directly at 1-888-421-9971;
 - Calling 2-1-1; or
 - Reporting online at <http://dcfs.nv.gov/Programs/JJS/ProgramsOffice/>

I have reviewed the above information and understand it.

Youth Signature _____ Date _____

Staff Signature _____ Title _____ Date _____