



Prison Rape Elimination Act (PREA) Third Party Incident Reporting Form



Name of Confinement Facility: _____

Name of Victim (s): _____

Name(s) of Alleged Perpetrator (s): _____

Name(s) of Witness (es): _____

Date of Incident: _____

Time of Incident: _____

Location of Incident (if known): _____

Additional Relevant Information:

Your Name and Contact Information (Optional): _____

Third Party Reporting For Air Force Confinement Facilities

You may submit sexual abuse incident information in any of the following ways:

- EMAIL: afsfc.sfcv.1@us.af.mil
- MAILING ADDRESS: Air Force Security Forces Center/FC (PREA Coordinator), 1517 Billy Mitchell Blvd, Bldg. 954, JBSA Lackland, TX 78236
- Department of Defense Safe Helpline **1-877-995-5247**
- Security Forces Center Operations Center **1-877-273-3098**