

# CLIENT SEXUAL ABUSE/HARASSMENT REPORTING FORM

Oriana House, Inc., is committed to a zero-tolerance policy regarding any client sexual abuse, harassment, or retaliation by another client, employee, independent contractor, intern, volunteer or vendor with whom business is conducted.

*Use this form to report allegations of sexual abuse/harassment or retaliation against an Oriana House client.  
The more information you are able to provide, the better it will assist the investigation.*

Today's Date: \_\_\_\_\_

Your Name (optional): \_\_\_\_\_

Your Phone Number (optional): \_\_\_\_\_

Your E-mail Address (optional): \_\_\_\_\_

Client's (victim) Name: \_\_\_\_\_

Client's Facility: \_\_\_\_\_

Your relationship to the client (victim): \_\_\_\_\_

Perpetrator(s) Name(s), if known: \_\_\_\_\_

Nature of the allegations (select one):

Staff against Client

Client against Staff

Client against Client

Other – independent contractor, intern, volunteer, vendor, etc.

Retaliation

How did you learn about the alleged action(s)?

\_\_\_\_\_

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_ A.M. / P.M.

Location of Incident (if known): \_\_\_\_\_ County: \_\_\_\_\_

In your own words, describe what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the name(s) of all parties who were involved and how they are connected to the incident:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed forms can be:

Mailed to: Oriana House, Inc., Client Sexual Abuse Response Team, P.O. Box 1501, Akron, OH 44309  
or

Faxed to: (330) 996-2233. Please indicate "Attention Client Sexual Abuse Response Team" on your fax cover sheet.

or

Emailed to: [SexualAbuseReporting@orianahouse.org](mailto:SexualAbuseReporting@orianahouse.org)