FACILITY: DATE OF TRAINING:

IP/Resident Full Name: OID:

Incarcerated Person PREA Intake Training Signature Sheet

Title 34
CRIME CONTROL AND LAW ENFORCEMENT
Subtitle III—Prevention of Particular Crimes
§303: Prison Rape Elimination Act -PREA

Federal Laws against Sexual Abuse and Sexual Harassment

Minnesota has a **ZERO Tolerance** Policy

I acknowledge that I have received training, policy and specific written details outlining the subject of sexual misconduct, sexual harassment, and the Prison Rape Elimination Act federal law. I will ask questions, if needed, for understanding of the information provided.

I understand that Minnesota Department of Corrections [DOC] policy specifically forbids any activity associated with or that promotes acts of sexual conduct, including sexual harassment, between residents or incarcerated persons and DOC staff. In this definition, "staff" includes DOC employees, contractors, representatives, or volunteers of the DOC as well as staff from other federal, state, or local jurisdictions. Resident or Incarcerated Person is someone confined in a correctional facility or under supervision in the community. I further understand that sexual misconduct is against the law under M.S. 609.344 and 609.345, subd.1m.

- ☐ I understand that unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature is sexual harassment.
- ☐ I understand that I cannot consent to sexual activity with staff.
- ☐ I have the right to be able to report any type of sexual abuse or harassment by sending a KITE, verbal complaint to any staff, calling the free PREA hotline, or any sexual abuse advocate service.
- ☐ I understand that I will be held accountable for making false allegations. False allegations are defined as the making of false written or oral statements to mislead or misrepresent facts.

_____ _____

IP/Resident Signature Date

_____ _____

Staff printed name Staff Signature and date