

BEDFORD COUNTY JUVENILE DETENTION CENTER

Third Party Reporting for Sexual Incident

Name of Juvenile _____

Facility _____

Date of Incident _____ Time _____

Who was involved: _____

Where _____

Give Details of What Happened _____

Person Giving this Report _____

Phone Number _____ email _____

Association to Juvenile _____

Please email to michael.bennett@bedfordcountyttn.org

or send to 101 Lane Parkway, Shelbyville, TN 37160 attn. Michael Bennett

Third Parties are allowed to assist Juveniles in reporting allegations of a sexual incident, with the permission of the Juvenile.

The Juvenile Declines / Accepts to have this request processed for him/her.

Juvenile _____

Date _____

Witness _____

Date _____