



STATE OF INDIANA

Department of Correction

Indiana Government Center - South

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Eric J. Holcomb
Governor

Christina Reagle.
Commissioner

ACKNOWLEDGEMENT OF RECEIPT OF TRAINING AND BROCHURES
"SEXUAL ASSAULT PREVENTION"

This receipt acknowledges that on this date I received training (and understand said training) from the Indiana Department of Correction regarding the Prison Rape Elimination Act (PREA) and Department of Correction Policy 02-01-115, "Sexual Abuse Prevention." Additionally, I have been provided with a copy of the Department of Correction Brochure, "Sexual Assault Prevention" and a copy of any facility brochures/documents relating to sexual abuse prevention and reporting, if I have not already been provided with a copy of these documents.

Also, my signature indicates that I understand that the Department of Correction maintains a Zero (0) Tolerance for sexual misconduct, abuse and assault involving staff and/or offenders/students. I understand that any sexual contact, including physically touching, verbal or written comments, sexual harassment, etc., between a staff person, contactor, volunteer and/or offender/student is strictly prohibited and may be in violation of IC 35-44.1-3-10, Sexual Misconduct, which states that a service provider who knowingly or intentionally engages in sexual intercourse or other sexual conduct (as defined by IC 35-31.5-2-221.5) with a person who is subject to lawful detention or lawful supervision commits sexual misconduct a Level 5 felony. The Department of Correction shall terminate from employment any staff person who commits any sex act while on duty and/or while in a Department facility or office or with or in the presence of an offender/student. Additionally, the Department will pursue criminal prosecution of any staff person who engages in sexual misconduct.

Further, I understand that:

1. As with all Department of Correction Policies and Procedures, it is my responsibility for maintaining familiarity with, and adherence to, this policy and its procedures.
2. Questions regarding this policy and its administrative procedures may be addressed to my immediate supervisor.
3. Procedures regarding subjects covered by this policy, but not limited to this policy, are available for my information and review through my department. It is my responsibility to comply with Department of Correction and facility policies, procedures and directives.

Signature	Printed Name	Date
Signature of Witness	Printed Name of Witness	Date