

**BEHAVIORAL HEALTH ADMINISTRATION**

**Catonsville, MD 21228**

**NOTIFICATION OF ALLEGATION OF SEXUAL ASSAULT/HARASSMENT OF AN INDIVIDUAL**

Name of Alleged Victim:       Gender: Select One Age:

Address:       Type of Service: Select from List

Location of incident: Select from List

 If inpatient facility, name of facility: Select from List Unit:

 If community or other program, name of program:

Address of program:

Name of program director:       Telephone:

Date & time of incident:       Type of incident: Select from List

Describe the circumstances of the incident. *(Attach additional pages as needed)*:

What supports have been offered to the alleged victim?

Was incident reported to a **local** law enforcement agency? [ ]  Yes [ ]  No

If ‘yes’, Officer’s name:       Jurisdiction:       Report #

If ‘no’, reason: [ ]  Reported to administrative head of facility

 [ ]  Reported to facility police

 [ ]  Reported to Child Protective Services

*If alleged abuse occurred in a community-based mental health program or BHA-operated facility:*

Report (oral) was made to***(required)***:

[ ]  Facility or Program – Staff name:       Date & time:

[ ]  OHCQ – Staff name:       Date & time:

*If alleged abuse occurred in a BHA-operated facility:*

[ ]  BHA Deputy Director of Hospitals & Adolescent Residential Treatment –

Staff name:       Date & time:

[ ]  Resident Grievance System – Staff name:       Date & Time:

[ ]  Disability Rights Maryland – Staff name:       Date & Time:

Printed name & title of person submitting form:       Date:

Telephone:       E-mail:      @

CONTACT INFORMATION:

***BHA Facilities only:*** *Barbara Bazron, Ph.D. at (**barbara.bazron@maryland.gov**);*

 *John Robison at (**john.robison@maryland.gov**).*

 *Resident Grievance System*

***OHCQ – BHA Facilities:***

*Renee Webster*

*55 Wade Ave., Bland Bryant Bldg, Catonsville, MD 21228*

*Phone: 410-402-8090*

***OHCQ – Community-based Mental Health Vocational Programs and Residential Rehabilitation Programs:***

*Behavioral Health Unit*

*55 Wade Ave., Bland Bryant Bldg, Catonsville, MD 21228*

*Phone: 410.402.8057*

***Disability Rights Maryland - General Intake Dept.***

*1500 Union Ave., Ste. 2000, Baltimore, MD 21211*

 *Phone: 410-727-6352 Toll Free: 1-800-233-7201*

The services and programs of the Department of Health are provided on a non-discriminatory basis and in compliance with Title VI of the Civil Rights Act of 1964. Any complaints regarding alleged discrimination may be filed in writing with the Director, Behavioral Health Administration, Spring Grove Hospital Center, 55 Wade Avenue, Catonsville, MD 21228, and the Office of Civil Rights, U.S. Department of Health and Human Services, 150 S. Independence Mall West, Suite 372, Philadelphia, PA 19106-3499.