

BEDFORD COUNTY JUVENILE DETENTION CENTER

Third Party Reporting for a Sexual Incident

Name of Juvenile _____
Facility _____
Date of Incident _____ Time _____
Who was involved: _____

Where _____

Give Details of Incident _____

Person Giving this Report _____
Phone Number _____ email _____
Association to Juvenile _____

Please email to kellee.smith@bedfordcountyttn.org
or send to 101 Lane Parkway, Shelbyville, TN 37160
Attn. Kellee Smith

Third parties may 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 _____

Director _____ Date _____