

**DEPARTMENT OF COMMUNITY JUSTICE
CERTIFICATION OF REVIEW**

I certify that I have read and understand the following:

- DCJ Prison Rape Elimination Act (PREA): A Summary of “The Facts”

Employee/Volunteer Name - Print

Employee/Volunteer Signature

Date

Supervisor Signature

Date

**UPON SIGNATURES OF EMPLOYEE AND SUPERVISOR
SEND THIS SHEET TO:
(inter office mail) 503 / 250
ATTN: Stephanie Bolson, Volunteer and Intern Coordinator**

OR

**Stephanie Bolson
Dept of Community Justice
501 SE Hawthorne Blvd, Suite 250
Portland, OR 97214
FOR PERSONNEL FILE**

NOTE: EMPLOYEE/VOLUNTEER KEEPS A COPY FOR REFERENCE