

GEORGIA DEPARTMENT OF CORRECTIONS

SEXUAL ASSAULT/SEXUAL MISCONDUCT

ACKNOWLEDGEMENT STATEMENT FOR SUPERVISED VISITORS

I understand that the Department of Corrections has a zero tolerance policy prohibiting visitors from having sexual contact of any nature with offenders.

I agree not to engage in sexual contact with any offender while visiting a correctional institution. I agree that if I witness another having sexual contact with an offender or if someone reports such conduct to me that I will immediately report it to a Corrections employee.

I understand that my authorization to enter a correctional institution is conditioned on my agreement not to engage in sexual contact of any nature with any offender and to report such conduct when I learn of it. I also understand that if I violate this agreement I will be permanently banned from entering all Georgia Department of Corrections correctional institutions and that the Department may pursue criminal prosecution.

Signature

Date

Printed Name

Record Retention: Retain permanently in local