**MOU Contact Supplement**   
**(Insert Contractor name) & (Insert institution name and acronym)**

(Insert Contractor name)

**Director of Programs**

Name  
Telephone number  
email address

**Director of Intervention and Prevention**

Name  
Telephone number  
email address

**CEO**

Name  
Telephone number  
email address

Rape Crisis Center (RCC) Information for Inmate Materials

**Hot-line**  
Telephone number (24 hrs)

**Written Correspondence**

Contractor name  
Address  
City, State and Zip

\*outside of envelope must state   
EVIDENCE CODE 1035.4 PRIVILEGED COMMUNICATION

(Insert institution acronym) PREA Staff

**PREA Compliance Manager/Investigative Services Unit**

Name  
Telephone number  
[email](mailto:Kenneth.Jimenez@cdcr.ca.gov) address

Name  
Telephone number  
[email](mailto:Kenneth.Jimenez@cdcr.ca.gov) address

**Community Partnership Manager**

Name  
Telephone number  
[email](mailto:Kenneth.Jimenez@cdcr.ca.gov) address

**Watch Commander:**

Telephone number(s) ext.

Hospital/Exam Site

**Insert name of hospital**  
Address  
City, State and Zip