**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 address

Name
Telephone number
email address

**Community Partnership Manager**

Name
Telephone number
email address

**Watch Commander:**

Telephone number(s) ext.

Hospital/Exam Site

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