

PREA Response Checklist
(Due by end of shift unless otherwise directed)

FACILITY:		DATE & TIME REPORTED:		
FIRST RESPONDER (Name & Title):		HOW WAS THE ALLEGATION REPORTED? (Victim, staff, other inmate, grievance, 3 rd party, anonymous)		
DATE/TIME OF INCIDENT:	LOCATION OF INCIDENT:	PERSON COMPLETING FORM:		
ALLEGED VICTIM & ODOC #				
RACE:	ASSIGNED UNIT & CELL:	CLASSIFICATION:		
ALLEGED PERPETRATOR(S) & ODOC # (s)				
RACE:	ASSIGNED UNIT & CELL:	CLASSIFICATION:		
REPORT:				
First staff responder separated the alleged victim and perpetrator(s):		YES	NO	N/A
If "No", explain:				
Alleged victim seen by mental health?		YES	NO	N/A
Alleged victim seen by medical?		YES	NO	N/A
Staff notified within a time period that allowed for collection of physical evidence?		YES	NO	N/A
If "Yes", please answer the following:				
Staff protected crime scene pending arrival of the investigator?		YES	NO	N/A
Requested victim not to take any action that would destroy physical evidence?		YES	NO	N/A
Ensured perpetrator did not take any action to destroy physical evidence?		YES	NO	N/A
NOTIFICATIONS				
PERSON TO BE NOTIFIED	PERSON NOTIFIED	DATE	TIME	
Warden/Facility Head/ Administrator of Institutions/ Community Corrections				
Duty Officer/Chief of Security				
OIG				
Medical				
Mental Health				
Facility PCM				
RECOMMENDED HOUSING PLACEMENT:				
IF SEGREGATION IS RECOMMENDED, NOTE REASON FOR NO ALTERNATIVE HOUSING:				
FORENSIC EXAMINATION (if applicable)				
LOCATION OF EXAMINATION:				
DATE & TIME SENT OUT		DATE & TIME VICTIM RETURNED FROM FORENSIC EXAM:		
DISTRIBUTION: INVESTIGATION FILE				