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, 3rd 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:

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