

## 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 <sup>rd</sup> 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:	
<b>REPORT:</b>			
First staff responder separated the alleged victim and perpetrator(s): .....		YES	NO
If "No", explain:		N/A	
Alleged victim seen by mental health? .....		YES	NO
Alleged victim seen by medical? .....		YES	NO
Staff notified within a time period that allowed for collection of physical evidence?		YES	NO
If "Yes", please answer the following:			
Staff protected crime scene pending arrival of the investigator? .....		YES	NO
Requested victim not to take any action that would destroy physical evidence?		YES	NO
Ensured perpetrator did not take any action to destroy physical evidence? .....		YES	NO
<b>NOTIFICATIONS</b>			
PERSON TO BE NOTIFIED	PERSON NOTIFIED	DATE	TIME
Warden/Facility Head/ Administrator of Institutional Operations			
Duty Officer/Chief of Security			
OIG			
Medical			
Mental Health			
Facility PCM			
<b>RECOMMENDED HOUSING PLACEMENT:</b>			
IF SEGREGATION IS RECOMMENDED, NOTE REASON FOR NO ALTERNATIVE HOUSING:			
<b>ADVOCACY SERVICES:</b>			
DATE & TIME VICTIM ADVOCACY INFORMATION WAS OFFERED:			
Were advocacy services accepted? .....		YES	NO
<b>FORENSIC EXAMINATION (if applicable):</b>			
LOCATION OF EXAMINATION:			
DATE & TIME SENT OUT:		DATE & TIME VICTIM RETURNED FROM FORENSIC EXAM:	
DISTRIBUTION: INVESTIGATION FILE			