



# INVESTIGATIVE FINDING SHEET

Prison Rape Elimination Act (PREA) case number: \_\_\_\_\_

Date investigation initiated by Triage: \_\_\_\_\_

Date assigned to Investigator: \_\_\_\_\_

| STAFF AND/OR INDIVIDUALS INVOLVED |                                  |
|-----------------------------------|----------------------------------|
| Accused                           | Victim                           |
| <input type="checkbox"/> Unknown  | <input type="checkbox"/> Unknown |

Please indicate the specific allegations and corresponding finding below, sign the form, and return by email (scan) with the complete investigation report to DOC PREA Triage. Additional lines may be added as needed.

| PREA ALLEGATION(S) (ADD/DELETE LINES AS NEEDED) | FINDING  |
|---|--|
|   | <input type="checkbox"/> Substantiated<br><input type="checkbox"/> Unsubstantiated<br><input type="checkbox"/> Unfounded |
|   | <input type="checkbox"/> Substantiated<br><input type="checkbox"/> Unsubstantiated<br><input type="checkbox"/> Unfounded |

| RATIONALE FOR FINDING  |  |
|--|--|
| Evidence supports/substantiates allegation   | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive |
| Overall review of witness testimony supports allegation  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive |
| Totality of investigation supports allegation (preponderance)  | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive |
| Other factors taken into consideration. Provide detail, including results of any criminal investigation: |  |
| Narrative to support finding determination (required):   |  |

| OTHER MISCONDUCT ALLEGATION(S) | FINDING  |
|--------------------------------|--|
|                                | <input type="checkbox"/> Substantiated<br><input type="checkbox"/> Unsubstantiated<br><input type="checkbox"/> Unfounded |

| APPOINTING AUTHORITY REVIEW   |          |
|---|----------|
| I have reviewed all available documentation provided to ensure the gathering and preserving of direct and circumstantial evidence, any available electronic monitoring data, and physical and DNA evidence (e.g., camera footage, letters/cards, phone call recordings, incident statements, individual's records) is in compliance with Department policy and appropriately documented in this report [115.71 (a)] | Initial: |

|   |          |
|---|----------|
| I have reviewed the report to ensure all documentation detailing allegation response (e.g., applicable response checklist, medical and/or mental health referrals, incident reports, documentation of separation of alleged victim and accused) are complete and included and that actions taken are in compliance with standard and policy requirements [115.61, 115.64, 115.82, 115.83] | Initial: |
|---|----------|

|  |  |
|--|--|
| I have reviewed the OMNI PREA database for prior complaints in regards to the accused [115.71 (c)] <i>(The OMNI PREA database printout MUST be included in the investigation report packet when submitted for closure)</i> | <input type="checkbox"/> Yes<br><input type="checkbox"/> Accused unknown |
|--|--|

Comments:

|   |          |
|---|----------|
| I have assessed the credibility of the known alleged victim(s), accused, and witness(es) on a personal basis and not on that of the person's status as incarcerated or staff [115.71 (e)] | Initial: |
|---|----------|

Summary (required):

|   |          |
|---|----------|
| I have reviewed actions of all staff involved to determine whether staff actions or failures to act contributed to the abuse [115.71 (f) (1)] | Initial: |
|---|----------|

Summary (required):

|                      |           |       |
|----------------------|-----------|-------|
| <hr/>                | <hr/>     | <hr/> |
| Appointing Authority | Signature | Date  |

**PREA RISK ASSESSMENT UPDATES**

The PREA risk assessment has been updated for substantiated and unsubstantiated victims and substantiated perpetrators of individual-on-individual sexual abuse and assault and victims of staff sexual misconduct? [115.41 (g)]  Yes  Not applicable

**FINAL NOTIFICATIONS**

Alleged victim(s) was notified in person in a confidential manner [115.73 (a)]

\_\_\_\_\_

Date notification was made                      Name and title of who notified alleged victim

Alleged victim(s) was notified by letter to last known address because victim was released.

Accused incarcerated individual was notified with DOC 02-400 Notice of PREA Investigation Findings (if applicable).

**ADVOCATE DURING INVESTIGATORY REVIEW**

Did the alleged victim request to have a victim advocate present during the investigatory interview? (Does not apply to investigations for allegations of sexual harassment)  Yes  No

If yes, name and organization of advocate:

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - PREA investigation report packet