



# INVESTIGATIVE FINDING SHEET

Prison Rape Elimination Act (PREA) case number: \_\_\_\_\_  
 Date investigation initiated by Triage: \_\_\_\_\_  
 Date assigned to Investigator: \_\_\_\_\_

EMPLOYEE AND/OR OFFENDERS 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 <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Unfounded
	<input type="checkbox"/> Substantiated <input type="checkbox"/> Unsubstantiated <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 <input type="checkbox"/> Unsubstantiated <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 (to include camera footage, letters/cards, phone call recordings, incident statements, offender records, etc.) is in compliance with agency policy and appropriately documented in this report [115.71 (a)]	Initial: _____

PREA Case Number:

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, etc.) 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)]	<input type="checkbox"/> Yes <input type="checkbox"/> Accused unknown	
Comments:		
I have assessed the credibility of the known alleged victim(s), accused and witness(es) on an individual basis and not on that of the individual's status as inmate or staff [115.71(e)]		Initial:
Summary ( <u>required</u> ):		
I have reviewed actions of all employees involved to determine whether staff actions or failures to act contributed to the abuse [115.71 (f) (1)]		Initial:
Summary ( <u>required</u> ):		

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### PREA RISK ASSESSMENT UPDATES

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

### NOTIFICATIONS

#### Final notifications

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

\_\_\_\_\_  
Date notification was made

\_\_\_\_\_  
Name and title of individual who notified alleged victim

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

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

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 00-03, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - PREA Investigation Report Packet