## INVESTIGATOR COMPLETES

Form completed by: 

Multiple victims: □ Yes □ No  If multiple victims, complete a form detailing information for each victim.

Date of incident: from: ________________ to: ________________   Time of incident: ________

Date and time first reported (if known): Date: ________________ Time: ________

Reported to: ________________________________ (e.g., hotline, grievance, letter, or individual person)

Unit in which alleged incident took place:
Specific unit location within the facility. Indicate “Not applicable” if in the community or facility isn’t separated into units.

**Alleged incident location** (Mark all that apply)

- □ Back gate
- □ Break room
- □ Breezeway
- □ Cell
- □ Chapel
- □ Classroom/Education Dept.
- □ Close observation cell
- □ Closet
- □ Clothing room
- □ Community Justice Center
- □ Community setting
- □ Control room
- □ Correctional Industries
- □ Court
- □ Dayroom
- □ Dental services
- □ Dining hall
- □ Department of Natural Resources
- □ Dock
- □ Dorm room
- □ Elevator
- □ Extended family visitation
- □ Farm area
- □ Food preparation area
- □ Foyer
- □ Greenhouse
- □ Group/meeting room
- □ Gym
- □ Hallway
- □ Headquarters
- □ Hobby area
- □ Holding cell
- □ Hospital facility
- □ Infirmary room
- □ Janitor closet
- □ Kitchen (not prep area or walk in)
- □ Laundry room/services area
- □ Library
- □ Locker room
- □ Mailroom
- □ Maintenance/engineering
- □ Medical (other than infirmary room)
- □ Mental health services
- □ Motor pool
- □ Non-DOC jurisdiction
- □ Non-unit custody post
- □ Commissary
- □ Off-site location
- □ Optical services
- □ Outside law enforcement facility
- □ Outside unit
- □ Outstation
- □ Parking area
- □ Perimeter vehicle/perimeter road
- □ Pharmacy
- □ Programs activities building
- □ Property room
- □ Public access
- □ Receiving unit
- □ Recreation
- □ Residence, individual under the Department’s jurisdiction
- □ Residence, staff
- □ Restroom
- □ Restroom, staff
- □ Segregation
- □ Sexual treatment program area
- □ Shower
- □ Staff office
- □ Staff training area
- □ Storage room
- □ Strip/UA room
- □ Substance abuse program area
- □ Tier
- □ Transportation vehicle
- □ Utility closet
- □ Visiting room
- □ Vocational school
- □ Walk-in cooler/freezer
- □ Walkway
- □ Warehouse
- □ Work area
- □ Yard
- □ Unknown
- □ Other: ___________________________
PREA Case Number: ____________________________

Victim name: ________________________________

Victim gang affiliation: _______________________

Victim DOC number: __________________________

Victim job assignment: ________________________

**Nature of the incident** (mark all that apply)

- Physical force resulting in a non-consensual sexual act
- Pressure or abuse of power resulting in a non-consensual sexual act
- Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
- Wrote letters, showed pictures, or offered gifts or special privileges
- Sexual relationship between individual under agency jurisdiction and staff/contractor/volunteer that appeared to be willing
- Unwanted touching for sexual gratification
- Sexual harassment
- Level of coercion unknown
- Other: ______________________________________

**Victim physical injuries** (Mark all that apply)

- Anal or vaginal tearing
- Black eye
- Broken bones
- Bruises
- Chipped or knocked out teeth
- Cuts
- Internal injuries
- Knife or stab wounds
- Knocked unconscious
- Sprains
- Swelling
- Welts
- No injury sustained/noted
- Other: ______________________________________

**After the incident was reported, was the victim:**

- Transported for forensic evaluation  □ Yes  □ No
- Tested for sexually transmitted infections  □ Yes  □ No
- Referred for mental health services  □ Yes  □ No
- Contacted by victim advocate  □ Yes  □ No
- Referred for mental health services, but declined  □ Yes  □ No

**PREA Risk Assessment of the victim**

- No Risk Identified
- Potential Predator
- Victim Potential
- Dual Identifier
- Not assessed in OMNI

**After the incident was reported, was the victim** (mark all that apply)

- Placed in Administrative Segregation or Protective Custody.
- Reason: ____________________________________
  - Confined to own cell/room
  - Transferred to another facility
  - Issued disciplinary report or loss of privileges
  - Separated from perpetrator
  - Placed in a medical unit, ward, or hospital
  - Given a higher custody level within the facility
  - Transferred to another housing unit or dorm or given single cell/room
  - Placed in a camera room, under close surveillance, or increased supervision
  - None of the above
  - Other: _____________________________________

Complete only in individual-on-individual cases:

**Name of accused:** ________________________

DOC number: _______________________________

**PREA Risk Assessment Identifier of the accused**

- No Risk Identified
- Potential Predator
- Victim Potential
- Dual Identifier
- Not assessed in OMNI

**COMPLETE ONLY IF SUBSTANTIATED**

- No specific victim identified

**Victim sexual orientation:** (To be determined by available information, not by questions of the victim)

- Heterosexual  □ Gay/Lesbian  □ Bisexual  □ Unknown

**Victim gender identity:**

- Male  □ Female  □ Trans-male  □ Trans-female  □ Intersex  □ Gender Non-Conforming

**For individual-on-individual allegations:**

What type of pressure or physical force was used by the perpetrator on the victim?

- Bribe or blackmail
- Gave victim drugs or alcohol
- Offered protection from other individual
- Persuaded or talked into sexual activity
- Sexual harassment
- Surprised victim with unwanted touching, grabbing, or groping while victim was asleep
- Threatened with a weapon
- Threatened with physical harm
- Physically harmed or injured
- Physically held victim down or restrained in some way
- None listed
- Other: _____________________________________

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.

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