

RESOLUTION SPECIALIST/RESOLUTION PROGRAM MANAGER COMPLETES			
Name	DOC number	Location	Log ID number
Assigned to			Date assigned
Assigned by		Phone number	Due date
Summary of concern (Required):			

Instructions: You have been assigned to conduct a review regarding a concern filed through the Resolution Program. You are expected to complete a thorough and impartial review of the allegations and work to provide a fair solution and/or satisfactory outcome.

You **must** complete the DOC Resolution Review Training course prior to completing a review. By checking the box and signing below, you are confirming that you have completed the required training and agree to the expectations of the resolution investigation.

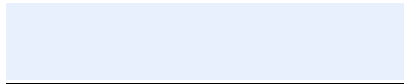
I have completed DOC Resolution Review Training

REVIEW CHECKLIST	
Applicable boxes must be checked if included in the report	
<input type="checkbox"/> Interview individual <input type="checkbox"/> Interview employee(s) involved <input type="checkbox"/> Interview all listed witnesses in the concern <input type="checkbox"/> Interview incarcerated individual(s) involved <input type="checkbox"/> Interview additional personnel identified during the review (not noted in concern) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Obtain pertinent records <input type="checkbox"/> Cite/explain policies, procedures, RCW, WAC <input type="checkbox"/> Review and obtain forms, charts, lists, and other information <input type="checkbox"/> Obtain media (video, audio, photos) Include a copy with review packet

REVIEWER COMPLETES
Names of persons interviewed (list dates, times, and location):
Synopsis of interviews (list each one separately):
Citation of documents discovered (pertinent policies, procedures, RCW, appropriate records/forms, correspondence, kites, etc.):
Evidence found to substantiate or refute the allegations:
Additional notes:
Conclusions of the review:
<input type="checkbox"/> Substantiated: There is evidence to support and prove the truth of the claim. <input type="checkbox"/> Unsubstantiated: The accusation, or the defense of the accused, is not supported or proven by the evidence. <input type="checkbox"/> Unfounded: Irrefutable evidence that the allegation is not based in fact. (e.g., video, telephonic recording, photos)

RECOMMENDED RESPONSE

Reviewer



Signature

Date

ADDITIONAL INFORMATION:

- Resolution Specialists will conduct a thorough review of this completed review.
- All interviews, documents, evidence, conversations, and the outcome of the resolution are to remain **CONFIDENTIAL** and will not be shared with anyone outside of the review other than the Appointing Authority.
- All interviews, documents, evidence, reports, etc. that are reviewed and used in the report to make a final determination **must** be attached and sent with the completed Resolution Review Report.
- Department policy and RCWs do not need to be attached, they only need to be cited in the report with the corresponding page number. Documents which are not readily available to all Department employees, contract staff, and/or volunteers must be included.
- The Resolution Review Report will not be given to the individual or any person named in the concern.
- The assigned employee/contract staff will ensure all interviews are conducted appropriately and may accept written statements in lieu of an in-person interview.
- The Resolution Specialist will send all media to:
Resolution Program Manager
PO Box 41129
Olympia WA 98504-1129

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** - Local Resolution Program Office