



# RESOLUTION INVESTIGATION REPORT

***All investigations are confidential***

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):			

**Investigator instructions:** You have been assigned to conduct an investigation regarding a concern filed through the Resolution Program. As an investigator, you are expected to complete a thorough and impartial investigation of the allegations and work to provide a fair solution and/or satisfactory outcome.

All investigators **must** complete the online DOC Resolution Investigating Training course on Learning Management System (LMS) prior to completing an investigation. 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 Investigating Training](#)

INVESTIGATION REQUIREMENTS	
Items checked <b>MUST</b> be addressed 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 investigation (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 investigation packet

INVESTIGATOR COMPLETES
<p><b>Names of persons interviewed</b> (list dates, times, and location):</p> <p><b>Synopsis of interviews</b> (list each one separately):</p> <p><b>Citation of documents discovered</b> (pertinent policies, procedures, RCW, appropriate records/forms, correspondence, kites, etc.):</p> <p><b>Evidence found to substantiate or refute the allegations:</b></p> <p><b>Additional investigation notes:</b></p> <p><b>Conclusions of the investigation:</b></p> <ul style="list-style-type: none"> <li>• Substantiated: There is evidence to support and prove the truth of the claim.</li> <li>• Unsubstantiated: The accusation, or the defense of the accused, is not supported or proven by the evidence.</li> <li>• Unfounded: Irrefutable evidence that the allegation is not based in fact. (e.g., video, telephonic recording, photos)</li> </ul>

**INVESTIGATOR RECOMMENDED RESPONSE**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**ADDITIONAL INFORMATION:**

- Resolution Specialists will conduct a thorough review of this completed investigation.
- 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 investigation other than the Appointing Authority.
- All interviews, documents, evidence, reports, etc. that are reviewed and used in the investigative report to make a final determination **must** be attached and sent with the completed Resolution Investigation Report.
- Department policy and RCWs do not need to be attached, they only need to be cited in the investigation 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 Investigation Report will not be given to the individual or any person named in the concern.
- The investigator will insure 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