

**PREA Response Checklist**  
**(Due by end of shift unless otherwise directed)**

FACILITY:		DATE & TIME REPORTED:		
FIRST RESPONDER (Name & Title):		HOW WAS THE ALLEGATION REPORTED? (Victim, staff, other inmate, grievance, 3 <sup>rd</sup> party, anonymous)		
DATE/TIME OF INCIDENT:  at	LOCATION OF INCIDENT:	PERSON COMPLETING FORM:		
ALLEGED VICTIM & DOC #				
RACE:	ASSIGNED UNIT & CELL:	CLASSIFICATION:		
ALLEGED PERPETRATOR(S) & DOC # (s)				
RACE:	ASSIGNED UNIT & CELL:	CLASSIFICATION:		
<b>REPORT:</b>				
First staff responder separated the alleged victim and perpetrator(s): .....		YES	NO	N/A
If "No", explain:				
Alleged victim seen by mental health? .....		YES	NO	N/A
Alleged victim seen by medical? .....		YES	NO	N/A
Staff notified within a time period that allowed for collection of physical evidence? If "Yes", please answer the following:		YES	NO	N/A
Staff protected crime scene pending arrival of the investigator? .....		YES	NO	N/A
Requested victim not to take any action that would destroy physical evidence? .....		YES	NO	N/A
Ensured perpetrator did not take any action to destroy physical evidence? .....		YES	NO	N/A
<b>NOTIFICATIONS</b>				
PERSON TO BE NOTIFIED	PERSON NOTIFIED	DATE	TIME	
Warden/District Supervisor				
Duty Officer/ Chief of Security				
OIG				
Medical				
Mental Health				
PREA Compliance Manager				
<b>RECOMMENDED HOUSING PLACEMENT:</b>				
IF SEGREGATION IS RECOMMENDED, NOTE REASON FOR NO ALTERNATIVE HOUSING:				
<b>FORENSIC EXAMINATION (if applicable)</b>				
LOCATION OF EXAMINATION:				
DATE & TIME SENT OUT		DATE & TIME VICTIM RETURNED FROM FORENSIC EXAM:		
DISTRIBUTION: INVESTIGATION FILE				