

### PROTECTIVE MEASURES INVESTIGATION

This form must be completed by the unit manager (Monday thru Friday), shift supervisor (evenings, midnights or weekends) or investigator (as assigned) prior to placing an offender on protective custody.

Offender Name: \_\_\_\_\_ DOC #: \_\_\_\_\_ Date: \_\_\_\_\_

1. Why are you requesting protective custody? Be specific:

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2. Is this your first time to request protective custody? If not, how many requests have you made and why each time have you felt the need for protective custody?

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3. Do you currently feel threatened or have you received threats? Were the threats verbal or written? What did you do with the written threat? Did anyone witness the verbal threat? Where did it occur? When?

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4. Are you being threatened by any specific group? If so, identify the group and specific individual(s) within the group. The offender must be specific and needs to provide individual(s) names and specific dates of encountering the individual(s).

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5. Have you ever been assaulted physically or sexually? (Offender must provide who, where, what, when, why)

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6. Are you in debt? If so, to who and the reason (e.g., drugs, gambling). Be specific:

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7. Are you a member of a gang? If so, which gang?

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8. Do you believe there is a way to resolve this issue without being moved? (e.g., alternative housing, mediation)

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9. Has the Offender requested separates against those by whom he feels threatened? Why not?

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Offender Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Summary:**

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Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by the investigator only:**

Please attach all related incident reports, disciplinary hearings and written statements by offender(s) and/or staff.

**Recommendations:**

- 1. Rule violation discovered: misconduct issued Yes  No
- 2. Recommend mediation for possible resolution Yes  No
- 3. Recommend alternative housing within facility to resolve Yes  No
- 4. Meets chronic protective custody guidelines (3 or more PC's) Yes  No
- 5. Involves PREA/staff involved activities, or involves formal Internal Affairs activities Yes  No

**Action Steps:**

- 1. Investigation forms are to be provided to chief of security for tracking security information and unit staff for field file/packet.
- 2. Misconduct is to be initiated by the investigator on rule violations discovered.
- 3. The disciplinary process, if applicable, must be completed and filed prior to any movement unless approved by the facility head.
- 4. Alternatives must be evaluated prior to any move (e.g., mediation, alternative facility housing).

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name

Investigator: \_\_\_\_\_  
Signature

Chief of Security: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\*Facility Head: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

\*(Required if mediation or a return to general population is recommended by the investigator)

Mediation approved: Yes  No

Returned to general population: Yes  No