

## GEORGIA DEPARTMENT OF CORRECTIONS PREA Disposition Offender Notification Form

Offender Name: _____	GDC #: _____	Allegation Date: _____															
	Incident Report #: _____	PREA Case #: _____															
Allegation Type: (Select only one)	Type Investigation: Administrative <input type="checkbox"/> Criminal <input type="checkbox"/>																
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Disposition: (Select all that apply)	Your PREA allegation was investigated by the Sexual Assault Response Team (SART) and was determined to be:																
	<table style="width: 100%;"><tr><td style="width: 30%;">Unfounded</td><td style="width: 5%;"><input type="checkbox"/></td><td style="width: 65%;"></td></tr><tr><td>Unsubstantiated</td><td><input type="checkbox"/></td><td>If the disposition is determined to be both substantiated and Forwarded to OPS, check both boxes</td></tr><tr><td>Referred to OPS</td><td><input type="checkbox"/></td><td></td></tr><tr><td>Substantiated*</td><td><input type="checkbox"/></td><td>If the disposition is determined to be both unsubstantiated and Forwarded to OPS, check both boxes.</td></tr><tr><td>Not PREA</td><td><input type="checkbox"/></td><td></td></tr></table>		Unfounded	<input type="checkbox"/>		Unsubstantiated	<input type="checkbox"/>	If the disposition is determined to be both substantiated and Forwarded to OPS, check both boxes	Referred to OPS	<input type="checkbox"/>		Substantiated*	<input type="checkbox"/>	If the disposition is determined to be both unsubstantiated and Forwarded to OPS, check both boxes.	Not PREA	<input type="checkbox"/>	
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Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SART Member/ Warden's Designee Signature

\_\_\_\_\_  
Date