

## GEORGIA DEPARTMENT OF CORRECTIONS SEXUAL ALLEGATION RESPONSE CHECKLIST

Incident Date \_\_\_\_\_ Incident Time \_\_\_\_\_ Incident Report # \_\_\_\_\_  
Victim Name\* \_\_\_\_\_ GDC ID#\* \_\_\_\_\_  
Location of Incident: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_  
\*If more than one victim, separate with a semi-colon

Activity/Actions	Yes	No	Date	Time	Comments
Medical examination of the alleged victim conducted per 208.06 Attachment 5? (Explain if no)					
If within 72 Hrs. was SANE contacted? (or sent to hospital for forensic exam if SANE cannot arrive prior to 72 Hr. expiration. Explain if no.)					
Separated alleged victim(s) from alleged aggressor(s) in accordance with SOP 208.06? (Explain if no)					
Were either the alleged victim(s) or the alleged aggressor(s) placed in segregation due to the allegation? (Explain if yes.)					
When was the local Sexual Abuse Response Team (SART) notified? (Explain if no)					
Recover, download, and document any video monitoring recording. The disk will be identified using the corresponding incident report number and stored securely in the investigative file. (explain if No)					
Was evidence collected that needed to be forwarded to OPS? (To whom in comment)					
Date Chain of Custody form started?					
Date the incident demographic information form completed?					
Date/Time sent PREA Initial notification? (Explain if no)					
Mental Health evaluation of the alleged victim completed within 24 Hrs. of receipt of the allegation in accordance with 508.22. (Explain if no)					
Have all related documents been scanned/entered into SCRIBE?					
Enter investigative summary with all necessary supporting documentation. (Enter date completed)					
Disciplinary actions taken?					
Case file reviewed by PREA Compliance Manager?					

SART Investigator Name \_\_\_\_\_

Scribe ID \_\_\_\_\_

PREA Compliance Manager  
Name \_\_\_\_\_

SCRIBE ID \_\_\_\_\_

Allegation is: \_\_\_ Unfounded \_\_\_ Substantiated \_\_\_ Unsubstantiated \_\_\_ Forwarded to OPS \_\_\_ Not PREA

Retention Schedule: Upon completion this form is to be retained permanently in the investigation file.