

GEORGIA DEPARTMENT OF CORRECTIONS RETALIATION MONITORING CHECKLIST

Select one: Employee _____ Offender _____ **Incident Report/PREA Case#:** _____
Name: _____ **GDC/EMP ID #:** _____
Location of Incident: _____ **Date of Incident:** _____

OFFENDER	30 Day	60 Day	90 Day
Offender Disciplinary Report (s) History Review			
Offender Housing Unit Placement Reviewed			
Offender Transfer (s) Placement Review			
Offender Program (s) History Review			
Offender Work Performance Review			
Offender Schedule History Review			
Offender Case Note(s) Review			
EMPLOYEE	30 Day	60 Day	90 Day
Review Employee Post Rotation (Security Only)			
Review of Employee Job Duties			
Review of Employee Work Schedule History			
Review of Employee Work Location			
Review of Employee Personnel File (letters of concern/reprimands/adverse actions.)			
Review of Employee Performance Management Documents			

Check One: 90-Day Review Completed No Follow Up ☐
 90-Day Review Completed, extended 90 More Days ☐

Findings (Required)

30 Day Review: _____ Signature/Title	30 Day Review: _____ <div></div>
60 Day Review: _____ Signature/Title	60 Day Review: _____ <div></div>
90 Day Review: _____ Signature/Title	90 Day Review: _____ <div></div>
Random Review: _____ Signature/Title	Random Review: _____ <div></div>

Warden/Superintendent Signature (Only after 90-day review)

Date

Comments:

**Upon Completion this document is to be scanned and emailed to the PREA Coordinator.

Cc: Case File

Retention: 3 years from completion date.