SOP 208.06 Attachment 15 06/23/22 Page 1 of 1

## GEORGIA DEPARTMENT OF CORRECTIONS INVESTIGATIVE FILE SUMMARY CHECKLIST

incident Date: incident			
Victim Name:	GDC ID#:		
Location of Incident:	Date/Time Received:		
	re the <u>minimum</u> required on the Summary side of the Investig the event you have more summarized information to place in		
	Documents Present	Zes	No
Att. 10 Initial Notification Form			
Att. 6 Investigative Summary Form			
Att. 3 PREA Disposition Offender Notific			
Att. 8 Retaliation Monitoring Checklist (	If not unfounded or Not PREA)		
Att. 9 Sexual Abuse Incident Review Che	cklist (If an abuse allegation and not unfounded)		
Picture and/or Video evidence placed in a closeable envelope and secured in folder.			
If "No" was answered to any of the abo	ove, Explain in the box below		
	e case file has been reviewed by both the SART Investigator an been found to be complete and accurate.	d th	e
SART Investigator	SART Investigator Signature		
PREA Compliance Manager	PREA Compliance Manager Signature		

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