

# PREA Investigative Summary

Facility: \_\_\_\_\_ Date of Incident: \_\_\_\_\_  
 Location: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
 Incident Report #: \_\_\_\_\_

Type of Allegation (Select one): _____ S/I Abuse _____ S/I Harassment _____ I/I Abuse _____ I/I Harassment	Alleged Victim(s) Name ID#	Alleged Aggressor(s) Name ID#

Summary of Investigation: \_\_\_\_\_ How did you arrive at your disposition?  
 \_\_\_\_\_

Disposition (Select one): _____ Substantiated _____ Unsubstantiated _____ Unfounded _____ Not PREA	Evidence gathered:	Location:	Witnesses:	
			Name	ID#
Outcome (select one) _____ Closed _____ Forwarded to _____ OPS				

Actions taken:  
 \_\_\_\_\_

Disciplinary action taken (toward staff or inmates): N/A  
 \_\_\_\_\_

\_\_\_\_\_  
Name/ Title of person submitting report

\_\_\_\_\_  
Signature/ Title