

## GEORGIA DEPARTMENT OF CORRECTIONS

### PREA Disposition Offender Notification Form

Offender Name: \_\_\_\_\_ GDC #: \_\_\_\_\_ Allegation Date: \_\_\_\_\_

**Allegation Type:**

(Select only one)

- |                |                          |
|----------------|--------------------------|
| S/I Abuse      | <input type="checkbox"/> |
| S/I Harassment | <input type="checkbox"/> |
| I/I Abuse      | <input type="checkbox"/> |
| I/I Harassment | <input type="checkbox"/> |

**Disposition:**

(Select all that apply)

- Your PREA allegation was investigated by the Sexual Assault Response Team (SART) and was determined to be:
- |                 |                          |   |
|-----------------|--------------------------|---|
| Unfounded       | <input type="checkbox"/> | If the disposition is determined to be both substantiated and Forwarded to OPS, check both boxes    |
| Unsubstantiated | <input type="checkbox"/> |   |
| Referred to OPS | <input type="checkbox"/> | If the disposition is determined to be both unsubstantiated and Forwarded to OPS, check both boxes. |
| Substantiated*  | <input type="checkbox"/> |   |

\*If Substantiated, see action taken section.

**Action Taken:**

(Select all that apply)

- |                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The staff member is no longer posted within the offender's unit.   |
| <input type="checkbox"/> | The staff member is no longer employed at the facility.  |
| <input type="checkbox"/> | The staff member has been indicted on a charge related to sexual abuse with the facility.                |
| <input type="checkbox"/> | The staff member has been convicted on a charge related to sexual abuse within the facility.             |
| <input type="checkbox"/> | The staff member has been convicted on a charge related to sexual abuse within the facility.             |
| <input type="checkbox"/> | The alleged abuser (offender) has been indicted on a charge related to sexual abuse within the facility. |
| <input type="checkbox"/> | Other: (MUST INCLUDE EXPLANATION IF OTHER IS CHECKED)  |

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Definitions:**

- Unfounded: Based on factual evidence SART proved the allegation did not occur.  
Unsubstantiated: SART could neither prove nor disprove the allegation occurred.  
Referred to OPS: SART determined additional review is warranted. Case forwarded to Internal Investigations.  
Substantiated: SART determined that the allegation did occur.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Retention Schedule: Upon completion, this form shall be placed in the PREA investigative case file and maintained for the length of the offender's incarceration plus five (5) years, or 10 years from the initial report, whichever is greater.