

**GEORGIA DEPARTMENT OF CORRECTIONS  
SEXUAL ALLEGATION RESPONSE CHECKLIST**

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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

(Some actions may be performed out of sequence or simultaneously)

| Activity/Actions   | Yes | No | Date | Time | Comments |
|--|-----|----|------|------|----------|
| Medical examination of the alleged victim conducted per 208.06 Attachment 5?   |     |    |      |      |          |
| If within 72 Hrs. was SANE contacted? (Or sent to hospital for forensic exam if SANE cannot arrive prior to 72 Hr. expiration.)                                  |     |    |      |      |          |
| Separated alleged victim(s) from alleged aggressor(s) in accordance with SOP 208.06?   |     |    |      |      |          |
| When was the local Sexual Abuse Response Team (SART) notified?   |     |    |      |      |          |
| Recover, download, and document any video monitoring recording. The disk will be identified using the corresponding incident report number, and stored securely. |     |    |      |      |          |
| Was evidence collected that needed to be forwarded to OPS? (To whom in comment)  |     |    |      |      |          |
| Date Chain of custody form started?  |     |    |      |      |          |
| Date incident demographic information form completed?  |     |    |      |      |          |
| Send PREA Initial notification   |     |    |      |      |          |
| Mental Health evaluation of the alleged victim completed within 24 Hrs. of receipt of the allegation in accordance with 508.22                                   |     |    |      |      |          |
| 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      SCRIBE ID  
Name

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

Retention Schedule: Upon completion, this form shall be maintained as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years; or 10 years from the date of the initial report, whichever is greater.