

**GEORGIA DEPARTMENT OF CORRECTIONS  
RETALIATION MONITORING CHECKLIST**

Select one: Employee  Offender  **Incident Report #:** \_\_\_\_\_

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, and/or 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: \_\_\_\_\_

60 Day Review: \_\_\_\_\_ Signature/Title  
 60 Day Review: \_\_\_\_\_

90 Day Review: \_\_\_\_\_ Signature/Title  
 90 Day Review: \_\_\_\_\_

Random Review: \_\_\_\_\_ Signature/Title  
 Random Review: \_\_\_\_\_

\_\_\_\_\_  
 Warden/Superintendent Signature (Only after 90 day review)

\_\_\_\_\_  
 Date

Comments: \_\_\_\_\_

Retention Schedule: Upon Completion, this form shall be maintained for 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.

\*\* This form shall be scanned and emailed to the PREA Coordinator.