|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMMUNITY CONFINEMENT**  **SEXUAL ABUSE & SEXUAL HARASSMENT INVESTIGATION CLOSEOUT FORM** | | | | | | | | | | | | | |
| **Instructions:**   * This form must be completed by the Contractor for **every** closed investigation of sexual abuse and sexual harassment, as defined by the Prison Rape Elimination Act (PREA) standards, involving a Wisconsin Department of Corrections (DOC) offender/youth. * This form shall be completed when an administrative investigation is finalized. * This completed form must be sent to [DOCPREAData@wisconsin.gov](mailto:DOCPREAData@wisconsin.gov) . * Division of Community Corrections contractors must copy the contract administrator on the email. Division of Juvenile Corrections contractors must copy the contract administrator *and* regional Program and Policy Analyst (PPA) on the email. * Contractor employees, contractors, interns, volunteers and any others who may have contact with offenders/youth are referred to herein as “staff” or “staff member.” | | | | | | | | | | | | | |
| **CASE NUMBER (*completed by PREA Office*):** | | Facility Name and Address | | | | | | | | | | | Region | |
| Victim Last Name | | Victim First Name | | | | | Victim DOC # | | | | Victim SID # | | | | | |
| Suspect Last Name | | | | | | Suspect First Name | | | | | | | |
| Suspect (check and complete the designation)  Offender/Youth: DOC #       SID #        Staff: Job Title        Volunteer  Intern  Other: | | | | | | | | | | | | | |
| **Type of allegation:** Please refer to [PREA Standards for Community Confinement](http://mydoc.corrections.wi/wps/wcm/myconnect/6d758a8042fdaa7aa897bfadb9ab5538/preafinalstandardstype-communityconfinement.pdf?MOD=AJPERES&attachment=true&CACHE=NONE&CONTENTCACHE=NONE) for definitions. | | | | | | | | | | | | | |
| Offender/Youth on Offender/Youth Sexual Abuse | | | | | Offender/Youth on Offender/Youth Sexual Harassment | | | | | | | | |
| Staff on Offender/Youth Sexual Abuse | | | | | Staff on Offender/Youth Sexual Harassment | | | | | | | | |
| **Disposition of administrative investigation:** Send all administrative investigative documents with this closeout form. | | | | | | | | | | | | | |
| Substantiated | Allegation investigated and incident determined to have occurred. | | | | | | | | | | | | |
| Unsubstantiated | Allegation investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the incident occurred. | | | | | | | | | | | | |
| Unfounded | Allegation investigated and incident determined not to have occurred. | | | | | | | | | | | | |
| Non-PREA | Allegation involves behaviors or actions not falling under the definitions of sexual abuse or sexual harassment, as defined by PREA. | | | | | | | | | | | | |
| **Date administrative investigation was closed:** | | | |  | | | | | | | | | |
| **staff member has received doc approval to return to the doc-funded program:** | | | | | | | | | | Yes  No  N/A | | | |
| **Status of criminal investigation by law enforcement:**  Email all relevant law enforcement reports with this closeout form. | | | | | | | | | | | | | |
| On-Going Investigation  Declined to Investigate  Referred for Prosecution  Investigated; not Referred for Prosecution  Other (explain): | | | | | | | | | | | | | |
| Contractor Representative Completing this Form (Name) | | | Job Title | | | | | Email | Phone | | | Current Date | | | |