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| **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 .
* 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.”
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| **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      |