

Title: A 115.387 e Agency Sexual Assault Form B

CONFIDENTIAL
SEXUAL ASSAULT CHECK LIST
FORM B

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| <u>NAME OF PERSON TAKING REPORT</u> |
| Date: _____ |

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| <u>SUPERVISOR</u> |
| Time: _____ |

Location of Incident: _____

INITIAL

*If Not Applicable indicate NA

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| 1 | <p>ONLY ASK THE QUESTIONS FOUND ON <u>FORM A</u>. (SKIP FORM A IF THE ASSAULT IS WITNESSED BY A STAFF MEMBER).</p> | |
| 2 | <p>ESCORT ALLEGED VICTIM TO A LOCATION MONITORED BY A CAMERA AND HAVE A STAFF REMAIN WITH THEM . (DO NOT LET THE VICTIM SHOWER, CLEAN THEMSELVES, DRINK OR BRUSH TEETH).</p> | |
| 3 | <p>ESCORT ALLEGED PERPETRATOR TO A LOCATION MONITORED BY A CAMERA & HAVE A STAFF MEMBER REMAIN WITH THEM. (DO NOT LET THE ALLEGED PERPETRATOR SHOWER, CLEAN THEMSELVES, DRINK OR BRUSH TEETH).</p> | |
| 4 | <p>ENSURE THE ALLEGED VICTIM AND ALLEGED PERPETRATOR CANNOT HAVE ANY VERBAL OR VISUAL COMMUNICATION. BE SURE ALLEGED VICTIM(S) & ALLEGED PERPETRATOR(S) ARE NOT IN THE SAME LOCATION.</p> | |
| 5 | SEPARATE ALL POSSIBLE WITNESS(ES). | |
| 6 | SECURE THE LOCATION(S) WHERE THE SEXUAL ASSAULT OCCURRED. | |
| 7 | STOP ALL MOVEMENT THROUGHOUT THE FACILITY. | |
| 8 | DO NOT ALLOW ANYONE TO ENTER THE CRIME SCENE OR TAMPER WITH THE EVIDENCE. | |
| 9 | IF POSSIBLE LEAVE ALL EVIDENCE UNTOUCHED AND IN ITS ORIGINAL PLACE. | |
| 10 | <p>IF EVIDENCE NEEDS TO BE SECURED. DO NOT PLACE IT IN A PLASTIC BAG. PAPER EVIDENCE BAGS LOCATED IN FACILITY PREA RESPONSE SUPPLIES.</p> | |
| 11 | NOTIFY THE CHIEF JUVENILE PROBATION OFFICER FROM THE COUNTY FOR THE ALLEGED VICTIM(S) AND ALLEGED PERPETRATOR(S). | |
| 12 | CONTACT LOCAL LAW ENFORCEMENT DEPARTMENT. | |
| 13 | CONTACT A MENTAL HEALTH COUNSELOR TO HELP SUPPORT THE VICTIM. | |
| 14 | MAKE APPROPRIATE NOTES IN FACILITY LOG AS APPROPRIATE. | |
| 15 | SIGN ALL PERSONS IN AND OUT OF THE CRIME SCENE. | |
| 16 | <p>ALL STAFF WITNESS(ES) REGARDING THE ASSAULT, MUST WRITE A MEMO BEFORE THE END OF THEIR SHIFT. AN INCIDENT REPORT MUST ALSO BE CREATED BEFORE THE END OF THE SHIFT.</p> | |

