DEPARTMENT OF CORRECTIONS

PREA Standard 115.67 Agency Protection Against Retaliation

The monitoring staff shall monitor incarcerated people who have reported an allegation of sexual abuse/sexual harassment or who cooperated with a sexual abuse/sexual harassment investigation for 90 days following the report. If the allegation is unfounded, monitoring shall cease.

The incarcerated person shall be interviewed monthly to review his or her perception of retaliation for the report or cooperation in the investigation. This should be documented of this form. This form will be maintained with the completed investigation file following the 90-day period.

Date Reported: Click or tap to enter a date.	Facility Name: MCF- Choose an item.	PREA Trac #	
Incarcerated Person Name:		IP Identification Number:	
Monitoring Begin Date:	Click or tap to enter a date.	Monitoring End Date:	Click or tap to enter a date.
The IP reported sexual abuse. ☐ Yes ☐ No ☐ N/A	The IP reported sexual harassment. ☐ Yes ☐ No ☐ N/A	The IP cooperated with a sexual assault investigation. ☐ Yes ☐ No ☐ N/A	The IP cooperated with a sexual harassment investigation. ☐ Yes ☐ No ☐ N/A
Allegation detail:	Substantiated ☐	Unsubstantiated ☐	Unfounded ☐

Initial Retaliation for all investigations

Purpose: To immediately assess and reduce risk of retaliation once an allegation is made.

Housing unit changed:	☐ Yes, No ☐
Facility transfer:	☐ Yes, No ☐
Removal of alleged **staff** abuser from contact with victim:	☐ Yes, No ☐
Removal of alleged **IP** abuser from contact with victim:	☐ Yes, No ☐
Emotional support services Offered to victim/perpetrator:	☐ Yes, No ☐

Ongoing Retaliation Monitoring for substantiated and unsubstantiated investigations

Purpose: To monitor for signs of retaliation over time and intervene if needed.

	30-Day Review	60-Day Review	90-Day Review
Date of Review			
The Criteria below was checked and the results.			
Housing Unit Changed	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:
Facility Transfer	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:
Alleged Abuser Removed from Contact	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:
Disciplinary Reports	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:
Program Changes	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:
Work Reports / Assignments	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:	☐ Yes ☐ No Notes:
Other Observations (Specify)			

Date	Time	Comments	Initials of monitoring staff: