**APPENDIX**

**Forms-suggested or available for use**

* **Form A-Interview Guide**
* **Form B-Witness written statement**
* **Form C-Witness Confidentiality Statement**
* **Form D- Evidence Inventory Receipt**
* **Form E-Photographic evidence**
* **Form F-Investigation summary samples**
* **Form G-Completed mock investigation packet**

**FORM A**

**INTERVIEW GUIDE**

* Explain your role
* Elicit background information, put client at ease, assess developmental status/check intellectual ability from clinical file, assess any disability, review mental status
* Determine whether medical exam has occurred
* Determine victim’s expectations, fears, desired consequences
* Provide information and let person know how to contact you if s/he wishes to talk again
* Obtain Detailed Description of Abuse
	+ - Name of alleged offender and relationship to alleged victim
		- Physical description
		- When abuse occurred
		- Once or more than once
		- How often
		- First incident
		- Most recent incident
		- Time of day/duration
		- Association with other events
		- Recollection of individual incidents
		- Location of abuse
* Any corroborative details; specific descriptions of clothing, furniture or other items, of other people nearby, of TV shows on at the time, of person’s feelings at time of abuse, etc.
* Elicit as many details of the events immediately preceding the alleged abuse and immediately after the alleged abuse
* Enticements, bribes, gifts, threats, intimidation
* Elements of secrecy
* Offender’s words during alleged abuse
* Victim’s subsequent contact with the alleged offender
* Whether other witnesses were present
* Staff
* Other persons receiving services
* Where were other clients on the unit
* Victim’s attitude toward alleged offender then/now – close, friendly, fearful, hostile, etc.
* First person victim told about abuse
* Others victim told and reactions
* Staff
* Other clients
* Prior abuse (physical or sexual) of victim
* By this alleged offender
* Other clients
* Clarify client’s terms for anatomy
* Note exact words describing abuse

**FORM B WITNESS WRITTEN STATEMENT**

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff: You are required to answer every question on this form. You must include the full-name of individuals noted in this report. Failure to answer these questions may result in disciplinary action.

To be completed by Investigator:

An allegation of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has been made regarding the following:

(Type of allegation)

Client at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(DBHDS licensed provider)

This incident allegedly occurred at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM/PM on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Time)

in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

If you were not in the immediate area at the time of the alleged incident, note your location.

Date & Time Completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM/PM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Print) Name (Signature) Title

**IF YOU WERE IN THE AREA AT THE TIME OF THE INCIDENT, PROCEED TO PAGE 2**

**WITNESS WRITTEN STATEMENT**

* Indicate where you were at this time:
* State where you were at the time of the incident and diagram your location on the reverse side, or on a separate sheet of paper.
* Indicate if you had a clear view of the alleged incident, or if your vision was obstructed in any way.
* Indicate by name all staff involved in the alleged incident.
* Indicate by name all clients involved in the alleged incident.
* Indicate by name all other staff in the area.
* Indicate by name all other clients in the area.
* Indicate anyone else in the area at the time of the alleged incident.

**On the reverse side of this sheet describe in detail what you actually observed and/or heard. (Use additional paper, if necessary.)**

Write Here:

Date & Time Completed \_\_\_\_\_\_\_\_\_\_\_\_\_

AM/PM (please circle)

Name (Print)

 (Signature)

Title

**If you are an employee, please note that failure to report acts of abuse or neglect**

**as well as failure to provide accurate and truthful information will be considered grounds for disciplinary action.**

**Return this form and any additional documents to the provider Investigator**

**FORM C**

***WITNESS CONFIDENTIALITY STATEMENT***

I understand that based upon *[insert licensed provider policy number]*, I may not violate the confidentiality of an investigation or discuss an investigation with others during the course of the investigation. I understand that if my actions compromise the integrity or outcome of a factual investigation, I may be subject to the full range of disciplinary actions as outlined in the *Employee Standards of Conduct and Performance.*

# Witness Printed Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM D EVIDENCE INVENTORY AND RECEIPT**

Date:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Case Report Number:\_\_\_\_\_\_\_\_\_\_

DBHDS licensed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (include city/state):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Itemized List of Evidence**  **Location Where Evidence Found**

(List all items by name, number,etc.) (Specify Location)

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Received from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/date Signature/date

Received from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/date Signature/date

Received from:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature/date Signature/date

**FORM E** **Abuse/Neglect Investigations**

**PHOTOGRAPHIC EVIDENCE**

Case Number: \_\_\_\_\_\_\_\_\_\_\_\_ Photographer’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Photographs were taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **Number** | **time** | **description of subject(s) or Object(s**) | **Distance from camera** |
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Name(s) of any other person(s) present when photograph(s) were taken:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Film Processor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Delivered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Delivered By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Retrieved: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retrieved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks:

**ATTACH SEQUENTIALLY NUMBERED PHOTOGRAPHS WITHIN A 8"X10"MANILLA ENVELOPE.**

**FILE NEGATIVES IN INVESTIGATOR’S CASE FILE**

**Specific for Sexual Abuse**

* Nature of abuse
* Oral/vaginal/anal contact
* Fondling/penetration
* Made to perform sex acts on offender
* Use of foreign objects, lubricants
* Clothes on or off – victim and alleged offender
* Whether victim saw/felt ejaculation
* Description of any unusual characteristics of the offender – pubic hair (color), penis (erect, flaccid, circumcised or not) or any other unusual or distinctive features
* If individual ejaculated, where – in mouth/vagina/rectum, elsewhere – bed, floor, clothing
* Did client wipe self or did offender clean it up? If so, with what and where is it?

**Specific for Physical Abuse**

* Any weapons used: description and location
* Client’s explanation for specific injuries
* Reason (if known) for alleged offender’s use of force – punishment, anger, etc.
* Whether alleged offender violent toward others
* Whether client has had prior medical problems or treatment and if so, when and what

**Behavioral/Emotional Characteristics Suggestive of Abuse**

* Consistent withdrawal, depression, suicide gestures/attempts or self-destructive behavior
* Overly compliant or passive
* Overly eager to please
* Afraid to answer questions in suspect’s presence
* Avoiding suspect
* Fearful of a place - day room, his/her room, school, bathroom, etc.
* Fearful of all males, all females, all techs, etc.
* Wary of physical contact
* Constant fatigue
* Frequent unexplained crying
* Deterioration in previous friendships
* Unusual craving for physical attention
* Increased aggressive behavior or incidents
* Dropping out of school or other activities
* Sudden change in appetite
* Compulsion about cleanliness – wanting to wash hands all of the time or feeling dirty all the time
* Headaches
* Stomach aches
* Rashes
* Stuttering
* Bed wetting
* Excessive clinging
* Sleep disturbances – nightmares, refusal to sleep, excessive sleep, fear of darkness
* Acting out sexually
* Increased masturbation
* Pre-occupation with sex organs

**Form F**

**Investigation summary samples**

**Licensed Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OLIS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO:** List those individuals/titles who have a need to know and are authorized a copy of the report

**SUBJECT:** Report of Investigation - Name of Subject/Consumer (*Individual Receiving Services*) and \*Disposition (Identify whether *Interim, Final* or *Supplemental* Report)

\*Example: *Unsubstantiated with Recommended Follow-Up*

**LOCATION OF INCIDENT:** Self-explanatory

**DATE/TIME OF INCIDENT:** Self-explanatory

**DATE/TIME REPORTED:** Self-explanatory; include to whom reported

**INVESTIGATOR(S):** Self-explanatory (Provider Appointed or Licensing Specialist); Include Name/Title and Signature or Initials

**SUBJECT(S):** This normally identifies the Accused by name/title

**COMPLAINANT(S):** For non-consumers, include name/position; for consumers include name/unit/living area, etc.

**SYNOPSIS:** The synopsis will contain a **BRIEF** description of the incident or complaint. The basic questions of *WHO, WHAT, HOW & WHY* should be answered about the primary incident/complaint. Information developed during the course of the investigation which identifies additional offenses or incidents will be described and the time, date and location reflected. Also, contained in the synopsis will be the final outcome of the investigation which is supported by testimonial or other evidence.

BASIS FOR INVESTIGATION: Indicate how this investigator/agency/section, etc. became involved in the investigation and who made notification. Example: *Investigation warranted based on review of Serious Incident Report filed on {date}, See Attached)*.

\* UP TO THIS POINT THE MATERIAL CAN BE USED AS THE INCIDENT REPORT OR AS AN *EXECUTIVE SUMMARY* FOR BRIEFING PURPOSES

**Form G Completed mock investigation packet**

**Licensed Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OLIS #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **INTERVIEW OF COMPLAINANT(S):**

**Name/title**: Include **pertinent** information (not every single detail) from interview/written statement(s). All statements taken from the same individual should be listed together as one exhibit (attachment). Subsequent interviews of the same person will be placed chronologically in numbered paragraphs. Any additional significant witnesses can be identified and their interviews reflected in paragraphs numbered in chronological order. Indicate Exhibit (attachment #) at end of witness summary.

* **INTERVIEW OF SUBJECT(S):**

 **Name/title:** Same as above

* **INTERVIEW OF WITNESSES:** List witnesses interviewed and **summary of relevant information**. Number each witness as ABOVE. Also, be sure to identify those individuals who were interviewed but could not provide any information, or the information was not significant. If they are unable to provide any information, the names/titles or other identifying data of these persons can be combined under one paragraph.
* **PHYSICAL EVIDENCE COLLECTED:** In numbered sections, same as above, identify evidence collected at the incident scene or indicate N/A.
* **INJURIES:** □ Yes □ No
* **DOCUMENTS/FILES REVIEWED:** [LIST]; All documentary evidence reviewed which *supports* or *refutes* the allegations, will be documented in this section. This includes policies, consumer records, abuse investigation data, personnel records, supervisory records[[1]](#footnote-1), or other records. \***You do not need to list every document reviewed here**.
* **EXHIBITS (ATTACHMENTS):** [LIST]
* **FINDINGS:** Example: *The preponderance of the evidence indicates that the offense occurred as alleged*.
* **FOLLOW UP**: □ Recommended at this time □ Not Recommended at this time
* **STATUS:** This section will show the status of the report to include any additional investigative or other action pending. Example: *This report concludes all investigation action pertaining to this matter*.
1. [↑](#footnote-ref-1)