



**INVESTIGATION REPORT  
DETAILS OF INVESTIGATION**

**Investigator**

**Title**

\_\_\_\_\_

**Investigator**

**Title**

\_\_\_\_\_

**Dates of Investigation**

**Location of Investigation**

\_\_\_\_\_

**DETAILS OF INCIDENT/ALLEGATION UNDER INVESTIGATION**

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Time:** \_\_\_\_:\_\_\_\_ am / pm **Location:** \_\_\_\_\_

**Type:**  Abuse  Neglect  Mistreatment  Exploitation  Death  Other \_\_\_\_\_

**Name/Title of the person that initially made the allegation or report of the allegation:**

\_\_\_\_\_

Name of Alleged Victim	Funding Source	Method of Communication

List any other **participants** that were present at the time of the alleged incident:

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

List all **staff (with title)** assigned to alleged victim(s) at the time of the alleged incident:

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

List any other **(staff with title)** present at the time of the alleged incident:

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

Describe the nature of the event under investigation:

If applicable, include type of injury and location of injury on the body:

BDDS Reportable Incident # (if applicable): \_\_\_\_\_ *Attach initial, follow-up and closed reports.*

Immediate safety measures put into place following alleged event:

Was there medical intervention?  Yes (type) \_\_\_\_\_  No

Was staff suspended?  Yes (name) \_\_\_\_\_  No

**EVIDENCE**

**Witness Interviews (staff or other):**

Name	Date	Time	Location	Type	Supports Allegation
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially

<b>Witness Interviews (participants):</b>					
<b>Name</b>	<b>Date</b>	<b>Time</b>	<b>Location</b>	<b>Type</b>	<b>Supports Allegation</b>
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially
				<input type="checkbox"/> Telephone <input type="checkbox"/> Face to Face	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially

**Documentation:**

List all documents reviewed as part of this incident investigation and include copies as attachments to this report. Potential documents may include staff daily notes, medication administration records, emergency room or hospital reports, pictures or other digital evidence.

<b>Document</b>	<b>Date(s)</b>	<b>Supports Allegation</b>	<b>Explain why the document does/does not/partially supports the allegation.</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partially	

**Discrepancies**

Source	Details	Resolution

**FINDINGS OF FACT**  
**Final Determination:**

Rights have been violated. Please explain: \_\_\_\_\_

\_\_\_\_\_

Services have not been provided appropriately. Please explain: \_\_\_\_\_

\_\_\_\_\_

The following Paladin policies/procedures were not followed: \_\_\_\_\_

\_\_\_\_\_

The following Federal or State regulations were not followed: \_\_\_\_\_

\_\_\_\_\_

Substantiated – The findings support the event as described/allegation.

Unsubstantiated – The findings do not support the event as described/allegation.

Partially Substantiated – The findings support a portion of the description of the event/allegation but not all.

**Summary of Determination**

**CORRECTIVE ACTION**

<b>Corrective Action Resulting from Investigation</b>	<b>Person Responsible for Implementing Corrective Action</b>	<b>Implementation Date</b>

<b>Name and Title of person completing investigation</b>	
<b>Signature</b>	
<b>Date investigation was completed</b>	

## INTERVIEW

Name and Title of person being interviewed: \_\_\_\_\_

Accuser  Victim  Actual Witness  Character Witness  Other Witness  Participant  Other

Name and Title of person conducting the interview: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_:\_\_\_\_ am / pm Location: \_\_\_\_\_

Detail questions asked and responses.

**WITNESS STATEMENT**

Name: \_\_\_\_\_

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

By signing this statement, I attest that it is a true and complete account of my knowledge of the alleged incident. I further understand that any attempt to influence the outcome of this investigation by discussing it with others, retaliation against anyone who participates, providing false information or failure to be forthcoming, can be the basis for corrective action up to and including termination.

\_\_\_\_\_  
Signature