

INVESTIGATION REPORT

Investigator Dates of 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:			DETAILS OF INVESTIGATION			
Dates 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	Investigator		Title			
Investigation Investigation	Investigator	Title				
Date:/ Time::am/pm Location: Type:		T				
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		DETAILS OF IN	CIDENT/ALLEGATION UNDER I	NVESTIGATION		
Name/Title of the person that initially made the allegation or report of the allegation: Name of Alleged Victim	Date:/	/ Time:	am / pm Location:			
Name/Title of the person that initially made the allegation or report of the allegation: Name of Alleged Victim	Type: Abuse	□ Neglect □ M	fistreatment	th Other		
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 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 all staff (with title) assigned to alleged victim(s) at the time of the alleged incident:	Name of Alleged	Victim	Funding Source	Method of Communication		
List all staff (with title) assigned to alleged victim(s) 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 all staff (with title) assigned to alleged victim(s) at the time of the alleged incident:						
	List any other part	icipants that were p	oresent at the time of the alleged incider	nt:		
	List all staff (with	title) assigned to all				
List any other (staff with title) present at the time of the alleged incident:	List any other (staf	f with title) present	at the time of the alleged incident:			

Describe the nature of the ev	ent unde	er investiga	tion:			
If applicable, include type of	iniury 2	and location	n of injury on	the hody:		
in applicable, include type of	injury c	ina rocatror	i or injury on	the body.		
	. /: C 1	. 11 \		4 1 1 1		
BDDS Reportable Incident #	f (11 appl	ıcable):		Attach initial, follo	w-up and closed reports.	
Immediate safety measures p	out into p	olace follow	wing alleged of	event:		
XX7 .1 11 11		57 (1)				
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	
				☐Telephone ☐Face to Face	☐Yes ☐No ☐Partially	
				Telephone Face to Face	☐Yes ☐No ☐Partially	
				Telephone Face to Face	Yes No Partially	
				Telephone Face to Face	Yes No Partially	
				Telephone Face to Face	☐Yes ☐No ☐Partially	

Name	Date	Time	Location	,	Гуре	Supports Allegation
				Telephone	e Face to Face	☐Yes ☐No ☐Partially
				Telephone	e ☐Face to Face	Yes No Partially
				Telephone	Face to Face	Yes No Partially
				Telephone	e ☐Face to Face	Yes No Partially
				Telephone	Face to Face	Yes No Partially
				Telephone	Face to Face	Yes No Partially
				Telephone	Face to Face	☐Yes ☐No ☐Partially
			Documenta	ation:		
Potential documents may inc	lude staf	f daily n	otes, medicatio			
List all documents reviewed Potential documents may inchospital reports, pictures or of Document	lude staf	f daily natal evide	otes, medicatio	on administra	ation records, en Explain why the	
Potential documents may inchospital reports, pictures or o	lude staf ther digi	f daily natal evidents) Su	otes, medication ence.	on administra	ation records, en Explain why the	e document does/does
Potential documents may inchospital reports, pictures or o	lude staf ther digi	if daily nated that the state of the state o	otes, medication once. Ipports Allega Ves No Pa	on administra	ation records, en Explain why the	e document does/does
Potential documents may inchospital reports, pictures or o	lude staf ther digi	f daily national fitted evidence in the state of the stat	otes, medication conce. Ipports Allega Ves No Pa Ves No Pa	on administration I	ation records, en Explain why the	e document does/does
Potential documents may inchospital reports, pictures or o	lude staf ther digi	f daily natal evidence (s) Su	otes, medication conce. Ipports Allega Ves No Pa Ves No Pa Ves No Pa	tion H rtially	ation records, en Explain why the	e document does/does
Potential documents may inchospital reports, pictures or o	lude staf ther digi	f daily natial evidences Signature S	otes, medication conce. Ipports Allega Ves No Pa Ves No Pa Ves No Pa	n administration First IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ation records, en Explain why the	e document does/does
Potential documents may inchospital reports, pictures or o	lude staf ther digi	f daily natial evidences Succession Success	otes, medication once. Ipports Allega Ves No Pa Ves No Pa Ves No Pa Ves No Pa Ves No Pa	n administration First IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ation records, en Explain why the	e document does/does
Potential documents may inchospital reports, pictures or o	lude staf ther digi	f daily natial evidence it all	otes, medication once. Ipports Allega Ves No Pa Ves No Pa Ves No Pa Ves No Pa Ves No Pa	on administration Financially Interest F	ation records, en Explain why the	e document does/does

Witness Interviews (participants):

	Discrepancies	
Source	Details	Resolution
	FINDINGS OF FACT	
	Final Determination	
Rights have been violated. Plea	se explain:	
Services have not been provide	d appropriately. Please explain:	
The following Paladin policies/	procedures were not followed:	
The following Federal or State	regulations were not followed:	
The following redefat of State	regulations were not followed:	
Substantiated – The findings su	pport the event as described/allegation.	
Unsubstantiated – The findings	do not support the event as described/a	allegation.
Partially Substantiated – The fir	ndings support a portion of the descript	ion of the event/allegation but not all.

Summary of Determination	
CORRECTIVE ACTION	

Corrective Action Resulting from Investigation	Person Responsible for Implementing Corrective Action	Implementation Date

Name and Title of person completing investigation	
Signature	
Signature	
Date investigation was completed	

INTERVIEW	
Name and Title of person being interviewed:	_
Accuser Victim Actual Witness Character Witness Other Witness Participant Oth	er
Name and Title of person conducting the interview:	
Date:/ Time::am / pm Location:	
Detail questions asked and responses.	

WITNESS STATEMENT Name: 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