**Paladin Investigation Report and Summary**

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| **Date of Incident:** | (mm, dd, yyyy) |
| **Investigator:** | (Name, position) |

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| **Subject of Investigation:** |
| (Brief description identifying victim / alleged victim / person(s) served that are involved, to include their funding source, intellectual level, medical diagnosis, and preferred method of communication, the program and nature of reason for investigation. Brief description identifying all staff assigned to the victim / alleged victim at the time of the incident, all perpetrators / alleged perpetrators, all other people present at the time of the incident / alleged incident to include other staff not on duty, all housemates, family member, neighbor, etc.) |

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| **History and Background:** |
| (State how the claim came to your attention (by whom) and provide a more detailed explanation of what allegedly occurred, when and where the incident took place (home, day program, community). This will provide a clear statement as to why the investigation is being conducted. Include the date the initial report was made and reference the IR number. Include some background on victim / alleged victim involved – program where they reside, length at program, staffing ratio, and any significant medical or behavioral issues that might be present. Include some background on the perpetrator / alleged perpetrator’s relationship to the victim / alleged victim and immediate safety measures put in place (if applicable)). |

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| **Witness Statements/Interviews:** Signed and DatedStatements/Interviews were obtained during the course of the investigation from the following staff, housemates, and other identified witnesses. Each is included in the investigation file and summarized below: |
| (Name, position / relationship)  (Short summary of the interview and responses) |
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| **Evidence Reviewed/Obtained:** The following evidence and/or documents were obtained and reviewed during the course of the investigation: |
| (Briefly describe any other evidence obtained during the investigation. Such as: police reports, Incident Reports, progress notes, ISP documentation, MAR, Medical Notes, Photographs, Risk assessment and Safety Plan, and personnel files (if applicable)). |

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| **Findings of Fact:** |
| (State the **facts** you found to be true. Assure all facts have an objective. Indicate if there is a discrepancy or partial discrepancy between a witness statements, records reviewed and the allegation of the incident event) |

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| The Investigator’s role is to be a fact finder. It is the management’s responsibility to apply Regulation and Policy to the findings of fact, not the investigator. The plan of correction is not the responsibility of the investigator. The investigator gathers facts. It’s management’s responsibility to develop the plan of correction. This investigation is complete at this time. It may be reopened at any time based on request or the discovery of new evidence. |

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| Signature/Title: |  |  | Date Report Submitted: |  |

**Investigation Plan of Correction Report**

**DATE POc sent via EMAIL:**

**Program Name:**

**Investigation occurred on:**

**Date of Exit Meeting:**

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| **Date of Incident:** |
| **Investigator:** |

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| **Subject of Investigation:**   * **Nature of the allegation**   **Determination of Rights Violation:**   * **Include a brief summary that includes a determination if rights have been violated, if services were not provided or not provided appropriately, if agency policies/procedures were not followed; and/or if any Federal or State regulations were not followed.**   **Statement of Conclusion:**   * **Include a clear statement of substantiation or non-substantiation of any allegation that includes a description/summary of the evidence that resulted in the finding.** |
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| **Action Step(s)** | **Person**  **Responsible** | **Actual Completion Date** | **Description of supporting documentation attached** | **COMMENTS** |
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**CEO and/or Vice President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**CONFIDENTIAL**

**Investigation Witness Statement**

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| **Name of Witness:** |  |  | **Title of Witness:** |  |
|  |  |  |  |  |
| **Name of Interviewer:** |  |  | **Title of Interviewer:** |  |
|  |  |  |  |  |
| **Date of Interview:** |  |  | **Location of Interview:** |  |
|  |  |  |  |  |
| **Beginning Time:** |  |  | **Ending Time:** |  |

**Summary of Interview:   
*Box will expand as needed as you type.***

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| **Witness Signature:** |  |  | **Date:** |  |
|  |  |  |  |  |
| **Interviewer Signature:** |  |  | **Date:** |  |

***Witness and Interviewer must sign and date each page of the statement.***