



# Internal Investigation Report Form

## Administrative Investigations Division

TEXAS  
JUVENILE  
JUSTICE  
DEPARTMENT

*In accordance with Texas Administrative Code Section 358.800, an Internal Investigation Report (IIR) shall be completed at the conclusion of all internal investigations resulting from alleged abuse, neglect, exploitation or death of a juvenile.*

### GENERAL INFORMATION

|                                                                                                 |                    |                                                                                                           |                                  |
|-------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------|
| TJJD Case Number:                                                                               | County Case ID#:   | County:                                                                                                   | Department / Program / Facility: |
| Date of Alleged Incident:                                                                       | Alleged Victim(s): | Alleged Perpetrator(s):<br>#1:                      #2:                      #3:                      #4: |                                  |
| Alleged Perpetrator's Current Mailing Address<br>(including address, city, state and zip code): |                    | First Person of Knowledge:                                                                                |                                  |
| Perpetrator #1:                                                                                 |                    | Date Allegation Reported to First Person of Knowledge:                                                    |                                  |
| Perpetrator #2:                                                                                 |                    |                                                                                                           |                                  |
| Perpetrator #3:                                                                                 |                    | Date Allegation Reported to TJJD:                                                                         |                                  |
| Perpetrator #4:                                                                                 |                    |                                                                                                           |                                  |

### LAW ENFORCEMENT INFORMATION

|                                 |                                   |                                |
|---------------------------------|-----------------------------------|--------------------------------|
| Name of Law Enforcement Agency: | Date Reported to Law Enforcement: | Law Enforcement Report Number: |
|---------------------------------|-----------------------------------|--------------------------------|

### DEPARTMENT / PROGRAM / FACILITY EMPLOYMENT SEPARATION

**In accordance with Texas Administrative Code Section 358.720, if during the internal investigation the Subject of Investigation resigns or is terminated from employment, the TJJD shall be notified no later than the second business day after the resignation or termination:**

|                 |                                                                                       |                                    |                     |                                       |
|-----------------|---------------------------------------------------------------------------------------|------------------------------------|---------------------|---------------------------------------|
| Perpetrator #1: | Type:<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Termination | Date of Resignation / Termination: | Date TJJD Notified: | Name of Individual Who Notified TJJD: |
| Perpetrator #2: | Type:<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Termination | Date of Resignation / Termination: | Date TJJD Notified: | Name of Individual Who Notified TJJD: |
| Perpetrator #3: | Type:<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Termination | Date of Resignation / Termination: | Date TJJD Notified: | Name of Individual Who Notified TJJD: |
| Perpetrator #4: | Type:<br><input type="checkbox"/> Resignation<br><input type="checkbox"/> Termination | Date of Resignation / Termination: | Date TJJD Notified: | Name of Individual Who Notified TJJD: |

## WITNESSES

In accordance with Texas Administrative Code Section 358.740, diligent efforts shall be made to obtain written or electronically recorded oral statements from all persons with direct knowledge of the alleged incident.  
*If more space is needed for additional witnesses, please include in the "Additional Information" section on Page 2.*

Please provide a list of all persons who provided a written and/or oral statement.

|       |        |                                                                      |
|-------|--------|----------------------------------------------------------------------|
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |
| Name: | Title: | Type: <input type="checkbox"/> Oral <input type="checkbox"/> Written |

## INTERNAL INVESTIGATION REPORT

In accordance with Texas Administrative Code Section 358.820, the Internal Investigation Report (IIR) shall include the following.

|                                        |                                        |                                                                   |
|----------------------------------------|----------------------------------------|-------------------------------------------------------------------|
| Date Internal Investigation Initiated: | Date Internal Investigation Completed: | Date Alleged Victim's Parent/Guardian was Notified of Allegation: |
|----------------------------------------|----------------------------------------|-------------------------------------------------------------------|

Summary of Original Allegation:

Relevant Policy and Procedure Related to the Alleged Incident: *(Please also note any changes to policies and procedures that occurred as a result of this incident.)*

Summary of Steps Taken During the Internal Investigation:

Written Summary of All Oral Interviews Conducted:

List of All Evidence Collected During the Internal Investigation (i.e. audio and/or video recordings, polygraph examinations, etc.):

Relevant Findings of the Investigation that Support the Disposition (i.e., an analysis of the evidence):

Additional Information:

Assigned Disposition:

☐ Founded ☐ Unfounded ☐ Inconclusive

Perpetrator #1 Administrative Disciplinary Action / Corrective Measures Taken to Date:

☐ Termination ☐ Suspension ☐ Retrained ☐ Returned to Duty ☐ None

Perpetrator #2 Administrative Disciplinary Action / Corrective Measures Taken to Date:

☐ Termination ☐ Suspension ☐ Retrained ☐ Returned to Duty ☐ None

Perpetrator #3 Administrative Disciplinary Action / Corrective Measures Taken to Date:

☐ Termination ☐ Suspension ☐ Retrained ☐ Returned to Duty ☐ None

Perpetrator #4 Administrative Disciplinary Action / Corrective Measures Taken to Date:

☐ Termination ☐ Suspension ☐ Retrained ☐ Returned to Duty ☐ None

Names of All Persons Who Assisted in Conducting the Internal Investigation:

### PARENT / GUARDIAN INFORMATION

Name of Parent or Guardian:

Current Mailing Address *(including address, city, state and zip code)*:

### ADDITIONAL INFORMATION

Please include any additional information you think is pertinent to this investigation that has not already been detailed. This includes any additional witnesses that you were unable to list on Page 1:

### COMPLETED BY

Printed Name of Person Who Completed the Internal Investigation Report:

Date Completed:

Signature:

In accordance with Texas Administrative Code Section 358.840, please submit the Internal Investigation Report and copies of the following documents to the TJJD within five calendar days following its completion.

- Written statements;
- Relevant medical documentation, if the release is authorized by law;
- Training records, if applicable; and
- Any other documentation used to reach the disposition of the internal investigation

\* Please note that although some of the contents of this form are required by administrative rule, the form has been provided for your convenience and its use is not mandatory.