# Instructions For Adopting This Policy

1. Insert your agency logo here:

| >>Insert your Agency's LOGO Here<< | >>Agency Policy Number<< | | | | | |
|---|---|---|---|---|---|---|
| | Title / Subject **SEXUAL ASSAULT INVESTIGATIONS** | | | | EFFECTIVE DATE TBD | REVISION DATE |
| | REFERENCES | | | | DISTRIBUTION Sworn personnel Telecommunicators | |
| | KRS 15.247 KRS 15.440 | KRS 17.175 KRS 216B.400 | 502 KAR 12:010 502 KAR 20:020 | | *REPORT:* ☐ | |

2. Insert your agency policy number in the header AND footer: (Example: *Anywhere Police/Sheriff Department Policy Number 2016-001)*

| >>Insert your Agency's LOGO Here<< | >>Agency Policy Number<< | | | | | |
|---|---|---|---|---|---|---|
| | Title / Subject **SEXUAL ASSAULT INVESTIGATIONS** | | | | EFFECTIVE DATE TBD | REVISION DATE |
| | REFERENCES | | | | DISTRIBUTION Sworn personnel Telecommunicators | |
| | KRS 15.247 KRS 15.440 | KRS 17.175 KRS 216B.400 | 502 KAR 12:010 502 KAR 20:020 | | *REPORT:* ☐ | |

Footer

>>policy number<<
Eff. TBD
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3. Insert the effective date in header AND footer. Effective date must be no later than January 1, 2017:

| >>Insert your Agency's LOGO Here<< | >>Agency Policy Number<< | | | | | |
|---|---|---|---|---|---|---|
| | Title / Subject **SEXUAL ASSAULT INVESTIGATIONS** | | | | EFFECTIVE DATE TBD | REVISION DATE |
| | REFERENCES | | | | DISTRIBUTION Sworn personnel Telecommunicators | |
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Footer

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4. Insert your agency name on page 1 here:

## POLICY

It is the policy of >>insert agency name<< that all reported incidents of sexual assault are properly and ethically investigated in an unbiased and truth seeking manner that will support a fair and accurate decision in the criminal justice system. A victim-centered approach includes investigation practices that focus on the actions and