

Investigation Procedures & Protocols Review

Operational review of investigative intake, triage, evidence handling, and procedural consistency.

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Executive Summary

- Protocol strength is highest in evidence preservation and supervisory review checkpoints.
- Classification and triage standards would benefit from tighter written thresholds.
- Template-driven documentation would materially improve consistency across investigations.

Procedural Review Scope

This review evaluates the procedural architecture used for intake, triage, evidence preservation, witness coordination, interview records, and supervisory approval checkpoints. It considers whether investigative activity is performed consistently, documented sufficiently, and aligned with fairness and due-process expectations.

The review places particular emphasis on protocol clarity because procedural discipline directly affects credibility, defensibility, and the quality of downstream enforcement outcomes.

Protocol Observations

Intake and preliminary triage processes are generally functional, but case classification standards should be more explicit to reduce inconsistent severity ranking. Evidence handling is strongest where chain-of-custody logs are standardized and where contemporaneous notes are preserved in shared case systems.

Interview and review practices benefit from structured templates, supervisor sign-off, and documented retention rules. Inconsistent note conventions remain a source of avoidable risk when cases transition between personnel or move from inquiry to formal investigation.

Key Findings Matrix

Area	Assessment	Status
Intake handling	Complaints are captured reliably, though triage labels need tighter	Moderate

	criteria.	
Evidence preservation	Logging and retention controls are generally strong.	Strong
Interview documentation	Formats vary and should be standardized.	Needs action
Supervisory sign-off	Approval controls are present and support case integrity.	Strong
Case transfer continuity	Hand-off practices need fuller note and timeline capture.	Moderate

Recommendations

1. Adopt a written triage matrix with severity thresholds, intake categories, and escalation triggers.
2. Implement standard templates for witness interviews, evidence inventories, and case chronology updates.
3. Require supervisory protocol checks at case opening, midpoint review, and closure recommendation stages.