Level 1 Investigator — Quick Reference

IAJ — Companion to the Level 1 IAJ Investigator Role Description and Operating Instructions (v1.6) / Code of Ethics v1.3

Central Rule — read before every case

"My job is to preserve the record, not to decide it.
I record what is, not what should be.
I record by recording — audio or video where lawful, feasible, safe, and consented to by every voice captured — so the record is not just my notes.
I organize the whole record, not one side of it.
I name contradictions; I do not bury them.
I flag categories; I do not declare them.
I record both distress and composure so the trajectory is complete and balanced.
I prepare the facts so qualified investigators can determine what the record supports."

Five-layer interview method

1. Free narration. "Tell me what happened, in your own words and in any order you like." Take notes. Do not interrupt.

2. Chronological structuring. Restructure with them in time order; anchor a baseline.

3. Targeted clarification. When / where / who / what said and done / what document records this / what happened next.

4. Sensitive areas. Signal in advance. Pause if distressed. Do not press.

5. Read-back and corrections. Send draft back; their corrections are part of the record.

Permitted — vs — Forbidden language

PERMITTED (observation, self-report)	FORBIDDEN (interpretation, diagnosis, advocacy)
"Complainant stated she has not slept since Tuesday."	"Complainant has insomnia."
"Complainant cried while describing the hearing."	"Complainant was traumatized by the hearing."
"Complainant paused, asked to stop, took a 10-minute break, returned, continued."	"Complainant was dissociating."
"Complainant lost the chronology three times reconstructing March."	"Complainant has cognitive impairment."
"Complainant calm and focused throughout this contact."	"Complainant was credible / truthful."
"Document records X on date Y; complainant says Z."	"The agency lied."

Level 1 may NOT

- **Make findings** — of credibility, of legal violation, of fact.
- **Diagnose or name a clinical condition** — you may note reported symptoms only.
- **Give legal or clinical advice** — not on filings, strategy, or treatment.
- **Authenticate documents** — record provenance; authentication is L2+.
- **Interview minor children** — absent specific L2 authorization under a child-specific protocol.
- **Characterize a child's wishes, credibility, trauma, best interests, alienation, attachment, fear, or safety** — those characterizations require Supervising Investigator review and qualified clinical input from a licensed clinician (Manual §5.14).
- **Contact third parties** (witnesses, officials, agencies, adversaries) — absent complainant authorization AND written L2 authorization.
- **Record covertly** — ever. Every voice captured must consent (Code §4.5).
- **Solicit sensitive records** (psychotherapy notes, sexual history, sealed records, children's records, privileged communications) — log existence; defer to L2.
- **Invent or coach explanations** for contradictions — record the contradiction and any explanation the complainant offers in their own words (Code §4.6).

Level 1 Investigator — Quick Reference (back)

Contact Log — every contact

Field	What to enter
Date / time / TZ / mode	Exact; phone / video / in person / message
Participants	Everyone present, including support person, interpreter
Purpose	Intake / read-back / follow-up / check-in
Recording	Audio / audio-video / no (with reason); L1 ID if any
Self-reported state	Their words where captured
Observable presentation	Distress AND composure — trajectory must be balanced
Triggering topics; breaks	Topics that increased distress; breaks offered/accepted/effect
Functional capacity	Continued / shortened / rescheduled
Safety flags	Self-harm / harm to others / child danger / medical — escalate FIRST, log second
Documents / statement changes	L1 IDs reviewed; new statement version generated and why
Follow-up agreed; escalation	What and by when; L2 contact, when, why

Tiered escalation — default upward when in doubt

Tier	Examples	Action
Same day — interrupt everything	Suicidal ideation; self-harm; child in current danger; ongoing criminal conduct by official; credible threat; subpoena; acute medical/psych crisis; legal deadline within 48 hours affecting liberty/custody/housing/medical/rights; suspected Code violation by any IAJ person (Code §12.1).	Phone L2 supervisor or emergency channel immediately. Record in Contact Log. Code violations → written to IAJ Director.
Within 48 hours	Third party contacts you; device loss / suspected breach; conflict realized after assignment; complainant detained / hospitalized; evidence-retention deadline pending; material correction to statement; legal deadline 48 hours – 7 days out affecting liberty/custody/housing/medical/rights.	Flagged message to L2. Do not wait for next routine review.
Routine — next review	New document or witness surfaces; complainant requests reassignment; scheduled court date 7+ days out; non-material clarification; complainant pauses or extends a session.	Note in Contact Log. Flag in Handoff Memo or next scheduled review.

Pre-handoff procedural checklist

☐ Consent on file and current? ☐ Recording consent / refusal documented every contact? ☐ Statement follows required coverage scaffold? ☐ Officials and institutions identified in full? ☐ Witnesses listed with role and contact status? ☐ Every timeline event in the statement? ☐ Every timeline row has a doc ref or flagged gap?	**☐ Inventory has provenance for every document? ☐ Corroborations AND contradictions placed statement-by-statement? ☐ Missing-evidence priorities and sources? ☐ Every Issue Map flag has a one-sentence factual basis? ☐ Contact Log entry for every contact since intake? ☐ Complainant has read and approved or recorded disagreement? ☐ Peer language review completed, OR urgent-transfer exception noted (review to follow)?**

Document hierarchy

Code of Ethics first → Operating Manual second → Appendix B forms third. Where any two conflict, the higher instrument and the stricter duty control.

Key Code cross-references at the Level 1 tier

§1.4 Tiered roles; intake-triage classifications are non-anchoring. **§3.3** L1 does not perform formal credibility assessment. **§4.5** Recording — every voice consent; refusal carries no negative inference. **§4.6** Preserve adverse materials; do not coach explanations. **§7** Confidentiality. **§8.1** Conflict disclosure per case. **§11.3** Minor children — L1 does not interview. **§12.1** Duty to report Code violations. **§15** Acknowledgment is condition precedent to assignment.

One question to ask the complainant, on the record, at intake — and one disclosure the investigator must make and record

(1) Ask the complainant: “Are there any documents that exist that you do not want included in the file? Are there any people who could give a different account?” Record the answer. (2) Investigator checklist, not a question to the complainant: confirm, and record in the Contact Log, that you disclosed that recordings and other preserved materials may become subject to discovery, subpoena or other compulsion, including adverse material (Manual Section 5.10A; Code §4.5, §4.6).

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IAJ Document Version Control Log

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Version History

Version	Date	Author(s)	Summary of Changes
v1.1	2026-11-11	IAJ	Conformed to the Operating Manual v1.6: Supervising Investigator named; clinical input assigned to licensed clinicians under the IAJ Psychological Investigation Standard; manual cited by title and version in the header.
v1.0	2026-05-18	IAJ	Initial release

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