☐ **Mark the form as confidential**

INCIDENT REPORT

		Report Date:
Work Location:		Location of Incident:
Name of Reporting Staff:	Title:	INCIDENT DATE:
Involves:		INCIDENT TIME:

Check Item Indication Subject Of This Report:

☐ Employee Action ☐ Facility Maintenance ☐ Medical ☐ Recommendations
☐ Inmate/Offender Affairs ☐ Security ☐ Victim Issue ☐ Crisis Intervention Team (CIT)
☐ Use of Force ☐ Workplace Violence ☐ Equipment Issue ☐ Other: _____

Description of Incident:

Signature of Reporting Staff Member:	Date:

Action Taken:

Signature of Managing Officer:	Date:

Distribution: **ALL COPIES TO MANAGING OFFICER** who will check appropriate distribution list below and distribute the copies.

☐ Operations ☐ Administration ☐ Special Services ☐ Department Head _____
☐ Investigator ☐ EEO ☐ Personnel Officer ☐ Administrative Assistant
☐ Record Officer ☐ Medical ☐ Health & Safety ☐ Office of Victim Services