Supervisor's Use of Force Summary Report

(To be completed by shift supervisor before distribution to Deputy Warden of Operations)

Date of Force:	Time of Force: AM / PM
Location of Incident:	

Inmate(s) on Whom Force was Used:

	Name	Number	Injured in Incident
1.			☐ YES ☐ NO
2.			☐ YES ☐ NO

Staff Member(s) who Used Force:

		Injured in Incident
1.		☐ YES ☐ NO
2.		☐ YES ☐ NO

Staff and Inmate Witnesses to Force Used

	Name	Staff Title	Number
1.			
2.			

Supervisor's Summary of Incident:

- Videotape (if a planned Use of Force? ☐ YES ☐ NO
- Security footage available and preserved? ☐ YES ☐ NO
- Copies attached? ☐ YES ☐ NO _____ label/description
- OC used? ☐ YES ☐ NO If yes, time of decontamination: _____

Summary:

As the Shift Supervisor, I have reviewed all of the documents, including all attachments, for accuracy, completeness and consistency prior to submitting them to the Deputy Warden of Operations.

Prepared By (Shift Supervisor's Name):	Title:	Date:

Note to Shift Supervisors: When submitting this packet to the Deputy Warden of Operations, you **must include** the following:

1. Incident Report from each staff member listed above (DRC1000).
2. Statements from each inmate on whom force was used and statements from inmate witnesses.
3. Medical Examination results of any staff or inmates involved in the use of force (DRC5251).
4. Any readily available video of the incident or photos of the scene, evidence or injuries.
5. Any other relevant documentation (example: Conduct Report - DRC4018).

Chief of Security Signature	Date