|  |  |  |
| --- | --- | --- |
| Date and Time of Incident**/****/** |  Location (Facility/Office)   | TYPE OF REPORT[ ]  Initial [ ]  Follow-Up  |
| CLASS “A” INCIDENTS / DOI**Oral Notification required within 1 hour** | **SECTION B: PRINCIPALS INVOLVED** |
| [ ]  Inmate on Inmate Sexual Abuse[ ]  Staff on Inmate Sexual AbuseCLASS “B” INCIDENTS / DOI**Notify by 10 am next working day**[ ]  Inmate on Inmate Sexual Harassment[ ]  Staff on Inmate Sexual Harassment | Codes: V = Victim A = Aggressor W = Witness S = Suspect P = Prisoner/Probationer/Parolee, R = 1st Employee present EW = Employee Witness O = Other |
| Title or ACOMS# | Code | Name |
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| SECTION C: NOTIFICATION PROCESS |
| DATE | TIME | Individual & Agency | Notified by Whom |
|       |       | Division Director |       |
|       |       | Superintendent or Chief Probation Officer |       |
|       |       | Asst. Superintendent or District Supervisor |       |
|       |       | District Attorney /       |       |
|       |       | State Troopers /       |       |
|       |       | PREA Coordinator |       |
|       |       | Other:       |       |
| SECTION D: MEDICAL STATUS |
| Include description of injuries claimed; name of medical attendant; where treatment was provided, i.e., in-house, hospital, etc.:       |
| SECTION E: STRUCTURAL AND/OR PROPERTY DAMAGE |
| Describe extent and estimated costs for repair or replacement:       |
| SECTION F: INCIDENT DISPOSITION |
| [ ]  Change of Housing Status for Inmate(s)[ ]  Incident Referred to State Troopers for Investigation[ ]  Warrant Obtained[ ]  Family(s) Notified[ ]  No Further Action Required[ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  Incident Referred to Disciplinary Committee[ ]  Incident Referred to District Attorney[ ]  Services Restored[ ]  Law Enforcement Notified[ ]  Pending |
| COMMENTS: |
|       |
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|  |  |       |       |
| Signature of Reporting Employee  |  | Name and Title of Reporting Employee | Date |
|  |
|  |  |  |  |  |
|  |  |  | Superintendent/Chief Probation Officer  | Date |

#  SPECIAL INCIDENT REPORT – Page 2

|  |  |  |
| --- | --- | --- |
| Date and Time of Incident | Location (Facility/Office)  | TYPE OF REPORT |
|       |       | [ ]  Initial [ ]  Follow-up |
| **SECTION G: INCIDENT*****(****Please do not use abbreviations, codes or jargon in the narrative)*WHO: WHAT:WHERE:WHEN:HOW: |
| ADDITIONAL INFORMATION:  |
|  |
| FORCE USED – WHAT TYPE:  |
|  |
| ATTACHMENTS (Witness Statements, Diagrams, Law Enforcement Reports, etc.) |
| Incident Report Form #809.04A       |
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