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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 Abuse CLASS “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

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| --- | --- | --- |
| 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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