

DEPARTMENT OF CORRECTIONS

INCIDENT REPORT

Reporting Institution: _____

Incident Report Number: _____

Reporting Employee: _____

PREA Number: _____

Employee ID Number: _____

Date of incident: _____

Person(s) Involved: _____

Time of incident: _____

Witness(es): _____

Control Room Log Entry Made: Yes No

Disciplinary Report Initiated: Yes No

Inmate Placed in Confinement: Yes No

Work Order Initiated: Yes No

Duty Warden Notified: Yes No Time: _____

MINS Initiated: Yes No

EAC Notified: Yes No Time: _____

Duty Officer Name: _____

Supporting Documents Attached _____

DETAILS OF INCIDENT: _____

DETAILS OF INCIDENT (cont.):

SHIFT Supervisor/ Department Head

COMMENT (cont.):

REVIEW (cont.):

REVIEW (cont.):