## **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: Inmate Placed in Confinement: Duty Warden Notified: EAC Notified: Supporting Documents Attached  DETAILS OF INCIDENT:  Yes No Time: Yes No Time:	Disciplinary Report Initiated: Yes Work Order Initiated: Yes MINS Initiated: Yes Duty Officer Name:	☐ No ☐ No ☐ No
Reporting Employee's Name (Print)	Reporting Employee's Signature	Date
Shift Supervisor/ Department Head		
COMMENT:		
Shift Supervisor's/ Department Head's Name (Print)	Shift Supervisor's Signature	Date
Shift Supervisor's/ Department Head's Name (Print)  REVIEW:	Shift Supervisor's Signature	Date
	Shift Supervisor's Signature	Date
REVIEW:		
	Shift Supervisor's Signature  Correctional Officer Chief's Signature	Date
REVIEW:		
REVIEW:  Correctional Officer Chief's Name (Print)		
REVIEW:  Correctional Officer Chief's Name (Print)		
REVIEW:  Correctional Officer Chief's Name (Print)		
REVIEW:  Correctional Officer Chief's Name (Print)		

DETAILS OF INCIDENT (cont.):	
SHIFT Supervisor/ Department Head	
COMMENT (cont.):	
REVIEW (cont.):	
REVIEW (cont.):	