

**INCIDENT/STAFF REPORT**

_____ ACCIDENT/INJURY (STAFF OR INMATE/OFFENDER)	_____ DRUGS/SYRINGE	_____ SHAKEDOWN
_____ ASSAULT	_____ FOODS/KITCHEN	_____ VISITING PROBLEM
_____ CONTRABAND	_____ ALCOHOL/BEER	_____ WEAPON
_____ USE OF FORCE/RESTRAINTS	_____ INFORMATION	_____ MAINTENANCE PROBLEM
_____ DESTRUCTION OF PROPERTY	_____ KEYS/LOCKS	_____ SECURITY THREAT GROUP
_____ COMMUNICATION DEVICES	_____ OTHER	

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INMATE/OFFENDER INVOLVED: \_\_\_\_\_ HOUSING ASSIGNMENT: \_\_\_\_\_  
(NAME) (DOC NUMBER)

\_\_\_\_\_, 20 \_\_\_\_\_ AM/PM \_\_\_\_\_  
(DATE OF INCIDENT) (TIME OF INCIDENT) (SIGNATURE OF REPORTING EMPLOYEE)

LOCATION OF INCIDENT: \_\_\_\_\_  
(PRINTED NAME AND TITLE OF REPORTING EMPLOYEE)  
\_\_\_\_\_  
(DATE AND TIME SUBMITTED TO SHIFT/DEPARTMENT SUPERVISOR)

WITNESS: \_\_\_\_\_

**SECURITY THREAT GROUP**

- Admitted gang member
- Has tattoos, wears or possesses clothing and/or other paraphernalia or other indications of gang associations
- Has been participating in delinquent/criminal activity with known gang member(s)
- Observation confirms the individual's close association with known gang member(s)
- Information from reliable information source identifies the individual as a gang member

INMATE/OFFENDER ASSOCIATES: \_\_\_\_\_

**DETAILED DESCRIPTION OF INCIDENT:** (Print or Type – Include what happened, who, where, when, how, and why)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S COMMENTS AND ACTION TAKEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISTRIBUTION:**

- Original – Chief of Security/Department Supervisor
- 1<sup>st</sup> Copy – Facility/District/Unit Head
- 2<sup>nd</sup> Copy – Assistant Facility/District/Unit Head
- 3<sup>rd</sup> Copy – Unit Manager (If applicable)

\_\_\_\_\_  
SHIFT/DEPARTMENT SUPERVISOR SIGNATURE DATE