

INCIDENT/STAFF REPORT

_____ ACCIDENT/INJURY (STAFF OR 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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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

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
- 1st Copy – Facility/District/Unit Head
- 2nd Copy – Assistant Facility/District/Unit Head
- 3rd Copy – Unit Manager (If applicable)

SHIFT/DEPARTMENT SUPERVISOR SIGNATURE DATE