## **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	
Involved Inmate/Offender Name	ODOC #	Facility and Housing Assignment
	□ AM □ PM	
Incident Date	Incident Time	Incident Location
Reporting Employee Name (Printed) a	and Title	Reporting Employee Signature
Reporting Employee Name (Printed) and Title Reporting Employee Signature		
Date and Time Submitted to Shift/Department Superviso	r	Witness(es)
SECURITY THREAT GROUP		
☐ Admitted gang member		
☐ Has tattoos, wears or possesses clothing a		
<ul> <li>☐ Has been participating in delinquent/criminal activity with known gang member(s)</li> <li>☐ Observation confirms the individual's close association with known gang member(s)</li> </ul>		
☐ Information from reliable information source identifies the individual as a gang member		
	Inmate/Offender Known Associa	ates
<u>DETAILED DESCRIPTION OF INCIDENT</u> (print or type what happened, who, where, when, how, and why):		
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SUPERVISOR'S COMMENTS AND ACTION TAKEN:		
DISTRIBUTION:		
Original - Chief of Security		
1 <sup>st</sup> Copy – Facility/Unit Head 2 <sup>nd</sup> Copy – Assistant Facility/Unit Head	Shift/Supervisor Signatu	re Date
3 <sup>rd</sup> Copy – Unit Manager (If applicable)		