

Comprehensive Report

If ordered, the Comprehensive Report shall be submitted within five working days of the incident to the appropriate regional director or designee.

Facility:		Reported by:					
Type of Incident:							
Date/Time Incident Occurred:							
Location of Incident (Unit, Quad, Cell, dining hall, etc.)							
<p>A. Full description of incident (who, what, where, when, why and how. Include all inmate and staff actions during the incident):</p> 							
<p>B. Staff involved and role they played during/after the incident:</p> 							
<p>C. Inmates involved:</p>							
Full Name	DOC #	Race	Age	Sentence Length/Days Remaining/Crime/STG Affiliation	Updated offender profile screening form attached (Y or N)	Mental Health Level/Medication Compliance (past 90 days) (Y or N)	Updated Mental Health Assessment Attached (Y or N)
<p>D. Injuries sustained (Protected health Information):</p>							
Staff or Inmate (S or I)	Full Name	Type of Injury	Cause of Injury	Treatment Received-Inmate (provide update on current condition, treatment and location)	Treatment Received-Staff (was treatment provided outside of the facility)		

E. What future impacts will/could this incident have on staff and/or inmates and other facilities?

F. What corrective measures were implemented and what follow-up action should be addressed to resolve and/or prevent future incidents?

G. What disciplinary actions/commendations for staff were recommended?

H. If there is no video related to this incident, explain why:

I. If there is video of this incident, how many discs are included or uploaded with this report?

Will transfers or separatees be recommended for any of the inmates involved?

What events precipitated this event:

Were any weapons or contraband recovered during this incident?