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| --- | --- | --- | --- |
| **County/ Regional Name:** | Click Here to Enter County Name | **Date of Report:** | Click Here to Select Date |

 **Entity** (Choose One)**:** [ ] Community Corrections [ ]  Probation [ ]  Jail Treatment [ ]  Prosecutor Diversion

 [ ]  Court Recidivism Reduction Program (Court Name: Click Here to Enter Court Name )

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| --- | --- | --- | --- |
| **To:** | Click Here to Enter Name. | **Title:** | Click Here to Enter Title. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Initial Report:** | Click Here to Select Date | **Time of Initial Report:** | Click Here to Enter the Time. |

Actions Completed if Applicable:

[ ]  Review of Staff and/or Participant’s actions during the incident

[ ]  Critique of the decisions made during the incident in accordance with entity policy to include any referrals for disciplinary action

[ ]  Factors that may have contributed to the incident/policy violations

[ ]  Factors that still exist and which could result in similar incidents

[ ]  Plan of Action to correct/prevent future incidents

**NOTE: Include the Plan of Action to correct/prevent future incidents and any resolutions made or pending that surrounded the incident that occurred, including referrals to law enforcement.**

|  |
| --- |
| **REVIEW & RESOLUTION**: |
| Click Here to Type Review & Resolution |