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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.**

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