|  |  |  |  |
| --- | --- | --- | --- |
| **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 )

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date of Initial Report:** | | Click Here to Select Date | |  |
| **To:** | Click Here to Enter Name. | | **Title:** | Click Here to Enter Title. |
| **Reporting Employee:** | | Click Here to Enter Name. | **Title:** | Click Here to Enter Title. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Incident:** | Choose an item. | | **Date of Incident:** | Click Here to Select Date |
| **Location / Work Site of Incident:** | | Click Here to Enter Location | **Time of Incident:** |  |

**NOTE: Include if applicable: location within entity/facility, name & title of staff involved, name of participant(s) involved, witnesses, type of use of force, and impact on operations**

|  |
| --- |
| **DESCRIPTION OF THE INCIDENT**: |
| Click Here to Type Description |