

☐ Mark the form as confidential

INCIDENT REPORT

Work Location: Operation Support Center		Report Date (will be set when report is signed): 4/21/2023
Name of Reporting Staff: Tom Petty	Title: Does something	Location of Incident: Front Entry
Involves: Something		INCIDENT DATE: Apr 17, 2023
		INCIDENT TIME: 7:30 AM

Check Item Indication Subject Of This Report:

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> Employee Action | <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> Medical | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Inmate/Offender Affairs | <input type="checkbox"/> Security | <input type="checkbox"/> Victim Issue | <input type="checkbox"/> Crisis Intervention Team (CIT) |
| <input type="checkbox"/> Use of Force | <input type="checkbox"/> Workplace Violence | <input type="checkbox"/> Equipment Issue | <input type="checkbox"/> Other: _____ |

Description of Incident:

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Signature of Reporting Staff Member: Peter L. Carroll	Date: 4/21/2023
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Action Taken:

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Signature of Managing Officer: Peter L. Carroll	Date: 4/21/2023
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Distribution: ALL COPIES TO MANAGING OFFICER who will check appropriate distribution list below and distribute the copies.

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|--|--|---|--|
| <input checked="" type="checkbox"/> Operations | <input checked="" type="checkbox"/> Administration | <input type="checkbox"/> Special Services | <input type="checkbox"/> Department Head _____ |
| <input type="checkbox"/> Investigator | <input type="checkbox"/> EEO | <input type="checkbox"/> Personnel Officer | <input type="checkbox"/> Administrative Assistant |
| <input type="checkbox"/> Record Officer | <input type="checkbox"/> Medical | <input checked="" type="checkbox"/> Health & Safety | <input type="checkbox"/> Office of Victim Services |