

☐ Mark the form as confidential

# INCIDENT REPORT

Work Location: Richland Correctional Institution		Report Date (will be set when report is signed): 4/21/2023
Name of Reporting Staff: Danny Glover	Title: PO	Location of Incident: Central Coordinator
Involves: Something Happened		INCIDENT DATE: Apr 20, 2023
		INCIDENT TIME: 9:38 AM

**Check Item Indication Subject Of This Report:**

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