

☐ Mark the form as confidential

INCIDENT REPORT

Report Date (will be set when report is signed):

Apr 21, 2023

Work Location:

Dayton Correctional Institution

Location of Incident:

Central Coordinator

Name of Reporting Staff:

Roger Waters

Title:

SGT

INCIDENT DATE:

Apr 19, 2023

Involves:

Something Happened

INCIDENT TIME:

9:38 AM

Check Item Indication Subject Of This Report:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Employee Action | <input checked="" 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:

Date:

Action Taken:

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Signature of Managing Officer:

Date:

Distribution: **ALL COPIES TO MANAGING OFFICER** who will check appropriate distribution list below and distribute the copies.

- | | | | |
|--|--|---|--|
| <input checked="" type="checkbox"/> Operations | <input checked="" type="checkbox"/> Administration | <input 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 type="checkbox"/> Office of Victim Services |