

### Report of Extraordinary or Unusual Occurrences

R.D. Number: \_\_\_\_\_

Detainees Interviewed			
Name	Date of Birth	Date Confined	Arresting Charge

Officials Interviewed	
Name	Title

Principal cause of occurrence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of specific details of occurrence (include date and time): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations to prevent future occurrences: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____	_____	_____	_____
Print Reporting Officer's Name	Badge #	Reporting Officer's Signature	Date

_____	_____	_____	_____
Print Shift Commander's Name	Badge #	Shift Commander's Signature	Date

**Note:** Use of this form is required; please do not alter format. Where available, this form may be completed and submitted on-line as directed by the Office of Jail and Detention Standards.

The Illinois Department of Corrections is requesting disclosure of information necessary to accomplish the statutory purpose as outlined in 730 ILCS 5/3-15-2. Disclosure of information is MANDATORY. Failure to provide the information could result in a court order requiring compliance with 20 Ill. Adm. Code 701, 702, or 720.