



INCIDENT REVIEW REPORT

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|--------------------|---------------|----------------------------------|--|
| Report date: | | Critical incident review number: | |
| Offender name: | | DOC number: | |
| Name of initiator: | Team leaders: | Team members: | |

| INCIDENT | | |
|---|-------|-----------|
| Date: | Time: | Location: |
| Brief description of incident: | | |
| Name, title, and address of all employees involved: | | |
| Name and DOC number of all offenders involved: | | |
| Location and description of property damaged: | | |

| REVIEW |
|---|
| Chronological summary of facts/events: |
| Summary of witness statements - include name of each witness: |
| Summary of facts: |

| APPLICABLE REVISED CODE OF WASHINGTON (RCW), WASHINGTON ADMINISTRATIVE CODE (WAC), AND DEPARTMENT POLICIES/PROCEDURES |
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| IMPROVEMENT RECOMMENDATIONS |
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| ACKNOWLEDGMENT OF WHAT WORKED WELL |
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|------------------------------|---|------|
| Team lead | <div style="background-color: #e0f0ff; width: 100%; height: 20px; margin-bottom: 5px;"></div> Signature | Date |
| Assistant Secretary/designee | <div style="background-color: #e0f0ff; width: 100%; height: 20px; margin-bottom: 5px;"></div> Signature | Date |

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Risk Management Office **COPY** - Appointing Authority, Assistant Secretary/Initiator