## INCIDENT REVIEW REPORT

**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

## IMPROVEMENT RECOMMENDATIONS

## ACKNOWLEDGMENT OF WHAT WORKED WELL

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.

**Team lead**

**Assistant Secretary/designee**

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