



CRITICAL INCIDENT REVIEW ACTION PLAN

Date of Incident:	Location of Incident:	CIR Number:
Division/Department:	Brief Description of Incident:	Offender Name:
Date of Action Plan:	Team Members:	Offender Number:
Plan Completed By:	Plan Reviewed/Approved By:	Date Final and Sent to Risk Management:

An action plan has been developed as a result of a completed Critical Incident Review. The issues listed below have been identified as requiring additional follow-up or actions.

ITEM	DESCRIPTION/TASK	ASSIGNED TO	ASSIGNED COMPLETION DATE	COMPLETION DATE
1.				
2.				
3.				
4.				
5.				

Constraints/Concerns:

I certify that these action items have been completed.

Name (Print)

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