USE OF FORCE REPORT

Date/Time of Incident: _____ hours

Facility/Location: ________________________________  Living Unit/Cell: ________________

Incarcerated individuals involved: ________________________________

DOC number(s): ____________________________________________

Employees involved: _________________________________________

Other witnesses: _____________________________________________

Oleoresin Capsicum (OC) used?:  □ Yes  □ No  Were you injured?:  □ Yes  □ No

DETAILED DESCRIPTION OF INCIDENT
Include a summary of the situation leading up to the Use of Force and your actions to mitigate the need to use force.

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DETAILED DESCRIPTION OF RESISTANCE AND FORCE OPTION USED
Include the level of resistance displayed by the incarcerated individual(s) and the exact force option(s) you used to overcome the resistance.

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______________________________  ________________________________  ________________________________
Name/Title  Signature  Date

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