



SHIFT COMMANDER/UNIT SUPERVISOR USE OF FORCE REPORT

Name:	DOC number:	Date:
Facility/location:	Living unit/cell:	Time: _____ hours
Incident Management Reporting System (IMRS) number: _____	Emergent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Oleoresin Capsicum (OC) used? <input type="checkbox"/> Yes <input type="checkbox"/> No

DETAILED DESCRIPTION OF INCIDENT <small>(include actions occurring before, during, and after force was used)</small>

DESCRIPTION OF TYPE OF FORCE USED <small>(include the level of resistance, exact force options used/considered)</small>

INJURIES

INCARCERATED INDIVIDUAL'S COMMENTS

Restraints used? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type? _____
Incarcerated individual checked by Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No Time: _____
Health Services employee/contract staff name(s): _____

EMPLOYEES/CONTRACT STAFF DIRECTLY INVOLVED <small>(use an additional sheet to report names as needed)</small>		
Name	Title/position	Involvement

MISCELLANEOUS

Approval for force option(s) obtained? Yes No N/A Date: _____ Time: _____ hours

Approval received from (name/title): _____

Reported to:

Superintendent/Facility Duty Officer Yes No N/A Date: _____ Time: _____ hours

Assistant Secretary for Prisons/HQ Duty Officer Yes No N/A Date: _____ Time: _____ hours

Law Enforcement Yes No N/A Date: _____ Time: _____ hours

Photographs taken? Yes No Photographer's name: _____

Video recorded? Yes No Camera operator's name: _____

If no, reason: _____

Property damage Yes No Description: _____

PREVENTATIVE AND/OR CORRECTIVE ACTIONS SUGGESTED

SHIFT COMMANDER / UNIT SUPERVISOR

I have reviewed the actions of the employees involved and find that they have acted in accordance with all Department policies

I do not concur with actions of the employees involved and I recommend that an investigation of the incident be initiated

Comments: _____

Shift Commander/CUS

Signature

Date

CAPTAIN

I have reviewed the actions of the employees involved and find that they have acted in accordance with all Department policies

I do not concur with actions of the employees involved and I recommend that an investigation of the incident be initiated

Comments: _____

Captain

Signature

Date

ASSOCIATE SUPERINTENDENT

I have reviewed the actions of the employees involved and find that they have acted in accordance with all Department policies

I do not concur with actions of the employees involved and I recommend that an investigation of the incident be initiated

Comments: _____

Associate Superintendent

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. Upon completion, the data classification category may change.