Department of
Corrections
WASHINGTON STATE

AFTER HOURS ESCAPE INFORMATION

ESCAPE INFORMATION

Name: _____ DOC number: _____

Date of escape: _____ Time of escape: _____ ☐ a.m. ☐ p.m. Time reported: _____ ☐ a.m. ☐ p.m.

Reporting employee/contract staff: _____

Facility/office: _____

PROGRAM ENROLLEES TO BE NOTIFIED

Full name	Phone number(s) called	Date	Time a.m.	p.m.	Contact made? Yes	No	Comments
			☐	☐	☐	☐	
			☐	☐	☐	☐	
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			☐	☐	☐	☐	

Additional comments: _____

_____

_____

_____

_____ _____ _____
Submitting employee/contract staff   Signature   Date

**Forward this form to the Victim Services Program by fax to (360) 586-9055 or
email to docvictimservices@doc.wa.gov.**

Date faxed: _____ Time: _____

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.

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