Department of Corrections
WASHINGTON STATE

INCIDENT REPORT

☐ Confidential

Name	DOC number	Time	Date
Incident description			Use of force incident? ☐ Yes ☐ No
Witnesses involved			
Employees/contract staff/volunteers involved			

DETAILED DESCRIPTION OF INCIDENT

Who was involved, what took place, how did it happen, description of any injuries, damage, use of force, etc. Attach additional sheet, if necessary.

IMMEDIATE ACTION TAKEN

Name | Signature | Time | Date

Facility | Unit | Tier

SUPERINTENDENT/DESIGNEE COMPLETES

Date received	Time	Incident number
Assigned to	By	Date

Comments:

Name | 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.

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