



# INCIDENT REPORT

Confidential

Name	DOC number	Time	Date
Incident description			Use of force incident? <input type="checkbox"/> Yes <input type="checkbox"/> 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	

APPOINTING AUTHORITY/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.

Distribution: **ORIGINAL** - Appointing Authority/designee