

Facility / Program Name
Incident Report #05 - ****

Juvenile(s) Involved:

Case #	Last, First, Middle Name	Case #	Last, First, Middle Name
1)		4)	
2)		5)	
3)		6)	

Date		
MM	DD	YY

Time of Incident
Military Time

Incident Location

Staff on shift:					Witness(es):				
1)					1)				
2)					2)				
3)					3)				
4)					4)				
5)					5)				

Description of Incident:
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Action Taken:
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Attachments:	OFFICE USE ONLY	CLASSIFICATION:														
<input type="checkbox"/> Supplemental Report <input type="checkbox"/> Diagram <input type="checkbox"/> Evidence <input type="checkbox"/> Surveillance Camera <input type="checkbox"/> Other	Incident # <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> </tr> </table>		Staff: <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>					Level (1-4) <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> <td> </td> </tr> </table>			Type (a-z) <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> <td> </td> </tr> </table>			Type (a-z) <table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> <td> </td> </tr> </table>		
Supervisor Initials:		<table border="1" style="width: 100%; height: 20px;"> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>														

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Name of Reporter

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Signature of Reporter	Title of Reporter	MM	DD	YY
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