

**Indiana Department of Correction – Community Corrections Division  
CRITICAL INCIDENT REVIEW REPORT**

**County/ Regional Name:** \_\_\_\_\_

**Date of Report:** \_\_\_\_\_

**Entity** (Choose One):    Community Supervision (Community Corrections)  
   Other Grant Funded Entity:

Residential/ Work Release (Community Corrections)

**Reporting Employee:**

**Title:**

**Type of Incident:**

**Date of Incident:**

**Location/Work Site of Incident:**

**Time of Incident:**

- Review of Staff and/or Participant’s actions during the incident
- Critique of the decisions made during the incident in accordance with entity policy to include any referrals for disciplinary action
- Factors that may have contributed to the incident/policy violations
- Factors that still exist and which could result in similar incidents
- Plan of Action to correct/prevent future incidents

**NOTE: Include the Plan of Action to correct/prevent future incidents and any resolutions made or pending that surrounded the incident that occurred, including referrals to law enforcement.**

**REVIEW & RESOLUTION:**

Click Here to Type Review & Resolution

