

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

County/ Regional Name:

Date of Report:

Entity (Choose One): Community Supervision (Community Corrections) Residential/ Work Release (Community Corrections)
 Other Grant Funded Entity:

Reporting Employee:

Title:

Type of Incident:

Date of Incident:

Location / Work Site of Incident:

Time of Incident:

NOTE: Include if applicable: location within entity/facility, name & title of staff involved, name of participant(s) involved, witnesses, type of use of force, and impact on operations

DESCRIPTION OF THE INCIDENT:

