GEORGIA DEPARTMENT OF CORRECTIONS

USE OF FORCE SUPPLEMENT REPORT

| Offender: | GDC Number: |
|--|--|
| Officer's Report: | |
| A. Circumstances Leading to Use of | Force or Assault by Offender: |
| _ | Date of Incident: |
| Time of incident. | Date of incident. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| B. Type and Extent of Porcein Actio | on (Include Equipment Employed, if any): |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Certification Date: |
| Less Lethal Weapon Used: | Certification Date: staff member if assaulted by offender. Do you feel that the Offender(s |
| Less Lethal Weapon Used: C. Complete (if applicable) by | Certification Date: staff member if assaulted by offender. Do you feel that the Offender(s |

Retention Schedule: Upon completion, this form shall be retained in the offender's institutional file and retained according to the official retention schedule for that file.