
Facility/Center

Use of Force/Serious Incident Report Coversheet

I. Offender Name _____ **Date:** _____

II. Checklist:

1. Use of Force..... Yes _____ No _____ Pending _____
2. Incident Report..... Yes _____ No _____ Pending _____
3. Supplemental Use of Force..... Yes _____ No _____ Pending _____
4. Videotape..... Yes _____ No _____ Pending _____
5. Photos..... Yes _____ No _____ Pending _____
6. Witness statements from all involved..... Yes _____ No _____ Pending _____
7. Disciplinary Report filed..... Yes _____ No _____ Pending _____
8. Medical Reports..... Yes _____ No _____ Pending _____
9. Mental Health Report/Statements..... Yes _____ No _____ Pending _____
10. Chain of Evidence..... Yes _____ No _____ Pending _____
11. Use of Weapons Report..... Yes _____ No _____ Pending _____

If pending is checked on any of the above, state the reason why: _____

III. Shift Supervisor: 1. Date submitted and forwarded to Captain: _____

2. Supervisor's Signature: _____

IV. Captain/Chief of Security Review: 1. Date received: _____ **2. Date videotape reviewed:** _____

3. Rating of Incident: Major: _____ **Serious:** _____ **Minor:** _____ **Unusual:** _____

4. Comments: _____

5. Signature of Captain/Chief of Security: _____

V. Deputy Warden's Review: 1. Date received _____ **2. Date videotape reviewed:** _____

3. Comments: _____

4. Signature of Deputy Warden: _____

VI. Warden's Review: 1. Date received: _____ **2. Type and Forward: Y N Hold in File: Y N**

3. Comments: _____

4. Signature of Warden/Designee: _____

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