

**Indiana Department of Correction – Community Corrections Division
CRITICAL INCIDENT AFTER-ACTION 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

