

**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:**

