OFFICE OF JUVENILE JUSTICE
UNUSUAL OCCURRENCE REPORT

Was this incident: ☐ Witnessed by you ☐ Discovered by you, or ☐ Reported by you?

NAME:	CLIENT ID #:	YOUTH'S UNIT:	DATE OF INCIDENT:	TIME:

LOCATION OF INCIDENT:	WITNESSES:
Location Code: ☐ BCCY 2186 ☐ JCY 2184 ☐ SCY 2182	

TYPE OF INCIDENT - CHECK APPROPRIATE BOX(ES)

	ACCIDENT		COERCION		MAJOR DISTURBANCE		SEARCH OF STAFF		THEFT
	AGGRAVATED ALTERCATION		CONTRABAND		MEDICAL		SEARCH OF YOUTH		THREATS AND INTIMIDATION
	AGGRAVATED UNAUTHORIZED AREA		CURSING		MENTAL HEALTH		SEXUAL MISCONDUCT		UNAUTHORIZED AREA
	ALTERCATION		DEATH		MINOR DISTURBANCE		SEARCHES		USE OF INTERVENTION
	ASSAULT - YOUTH/YOUTH		ESCAPE		PERIMETER SECURITY		TAMPERING WITH SECURITY DEVICES		OTHER: (DESCRIBE BELOW)
	ASSAULT – YOUTH/STAFF		GANG / GANG-LIKE ORGANZIATION / ACTIVITY		PROPERTY DESTRUCTION		TATTOING AND PIERCING		

Environmental Conditions ☐ Raining ☐ Sunny ☐ Cloudy ☐ Foggy ☐ Cold ☐ Hot ☐ Lightning ☐ Wind ☐Other: _____ ☐ Weather not a factor

Flooring: (Type of Floor and Wax)_____ Equipment: (Specify Type)_____

☐ CHEMICAL AGENT USED ☐ MECHANICAL RESTRAINT USED ☐ PHYSICAL RESTRAINT USED ☐ FLEX CUFFS USED
☐ MEDICAL/MENTAL HEALTH RESTRAINTSUSED ☐ "TAP-OUT" TECHNIQUE USED

DESCRIPTION OF INCIDENT (ATTACH SUPPLEMENTAL PAGE IF NEEDED) Describe incident/issue, the events that "led up to" incident/issue; what staff did to prevent this incident from happening; and how staff responded during or immediately following the incident.

___ Yes ___ No Refer youth to infirmary

___ Yes ___ No Based on the above incident, do you have reason to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect? If YES, this incident is both Investigative Services and Office of Community Services reportable.

Reporting Employee Signature & Title _____ Print Name & Title _____ Date Completed _____ Time Completed _____

___ Yes ___ No Is incident IS reportable? If yes, forward copy to Investigative Services Office.
___ Yes ___ No Did the Reviewing Supervisor's review of incident differ from that of the visitor/youth/witness report of incident?
___ Yes ___ No Was the visitor/youth authorized to be in this area?

ORM REQUIREMENTS

___ Yes ___ No Did the Supervisor/Agency safety officer receive a report of the observed conditions?
___ Yes ___ No Was the following adhered to: If the accident involved items that can be retained, it must be tagged with the date of the accident and the name of visitor/youth. Broken or damaged items must be in a secure area. Tag cannot be moved or item cannot be surplus / discarded until notified by the claims unit.

Reviewing Supervisor's Signature & Title _____ Print Name & Title _____ Date Reviewed _____ Time Reviewed _____

Effective: October 1, 2009