

Incident Reporting

646.1 PURPOSE AND SCOPE

To set forth the guidelines and procedures for reporting incidents. This policy applies to all employees.

646.2 AUTHORITY AND REFERENCES

- Executive Committee

646.3 POLICY

All work related incidents involving use of force, threat, injury, employee misconduct, or other incidents of an unusual or non-routine nature shall be reported.

646.4 PROCEDURE

- (a) Employees who witness or are involved in an incident shall:
 1. Verbally notify their supervisor immediately or as soon thereafter as it is safe and practical to do so;
 2. If the employee's supervisor is unavailable, use the chain of command until the notification process is completed;
 3. Complete an Incident Report (sample attached);
 - (a) The report shall be completed as soon as it is practical to do so and in no case later than the conclusion of the next workday;
 - (b) The report shall contain the relevant information based upon the seriousness or circumstances of the incident and the number of persons/agencies involved. The report must be thorough and include all relevant information, such as who, what, why, and where.
- (b) Upon notifications, the employee's supervisor shall:
 1. Immediately notify Division Management via the chain of command;
 2. Respond to the scene of the incident, if warranted by circumstances or directed, in accordance with the Critical Incident Response policy;
 3. Insure an incident report is prepared. Review and sign the report, including any comments and forward it to administration via the chain of command.

Date(s) Revised: 07/20/2011

Created: 03/27/1995

Attachments:

[1. Incident Report](#)



RIVERSIDE COUNTY PROBATION DEPARTMENT

FIELD OFFICER INCIDENT REPORT FORM



OFFICER				EMP. ID#:	
DATE OF INCIDENT		TIME		ASSIGNMENT	
DIVISION		SUPERVISOR		OFFICE	
PERSONS NOTIFIED					
LOCATION					
TYPE OF INCIDENT <input type="checkbox"/> Use of Force <input type="checkbox"/> Injury <input type="checkbox"/> Auto <input type="checkbox"/> Threat					
<input type="checkbox"/> Other (Explain)					
RELEVANT ENVIRONMENTAL FACTORS:					
ON DUTY <input type="checkbox"/> Yes <input type="checkbox"/> No			ARMED <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLAIN CLOTHES <input type="checkbox"/>		DESCRIPTION:			
UNIFORM <input type="checkbox"/>					
Law Enforcement Notified <input type="checkbox"/> Yes <input type="checkbox"/> No			Agency:		Rpt. #:

PERSONNEL INVOLVED or PRESENT:

Name			Employee ID #
Division	Supervisor	Office	Phone
Witness to:			

Name			Employee ID #
Division	Supervisor	Office	Phone
Witness to:			

Name			Employee ID #
Division	Supervisor	Office	Phone
Witness to:			

Name			Employee ID #
Division	Supervisor	Office	Phone
Witness to:			



**RIVERSIDE COUNTY PROBATION DEPARTMENT
FIELD OFFICER
INCIDENT REPORT FORM**



OTHER INVOLVED PARTIES: (Non Employees)

SU = Subject WT = Witness OT = Other

Inv	Name (L,F,M)						DOB
Address			City			ZIP	Phone
Sex	Race	Height	Weight	Hair	Eyes	Hair	DL# & State
Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No CID #:				Additional Information			
Witness to:							

SU = Subject WT = Witness OT = Other

Inv	Name (L,F,M)						DOB
Address			City			ZIP	Phone
Sex	Race	Height	Weight	Hair	Eyes	Hair	DL# & State
Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No CID #:				Additional Information			
Witness to:							

SU = Subject WT = Witness OT = Other

Inv	Name (L,F,M)						DOB
Address			City			ZIP	Phone
Sex	Race	Height	Weight	Hair	Eyes	Hair	DL# & State
Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No CID #:				Additional Information			
Witness to:							

SU = Subject WT = Witness OT = Other

Inv	Name (L,F,M)						DOB
Address			City			ZIP	Phone
Sex	Race	Height	Weight	Hair	Eyes	Hair	DL# & State
Probation? <input type="checkbox"/> Yes <input type="checkbox"/> No CID #:				Additional Information			
Witness to:							



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NARRATIVE: (DPO)

I hereby certify that the facts contained herein are true and complete to the best of my knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

DPO Name – Print	Signature	Date

SPO COMMENTS:

ACTION TAKEN BY SPO & FOLLOW UP:

I hereby certify that the facts contained herein are true and complete to the best of my knowledge. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SPO Name – Print	SPO Signature	Date



**RIVERSIDE COUNTY PROBATION DEPARTMENT
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INCIDENT REPORT FORM**



INJURY INFORMATION / MEDICAL SERVICES REPORT:

INJURED PARTY:		
INJURED AREA:		
COMPLAINT OF PAIN:		
NATURE OF INJURY / HOW INJURY OCCURRED:		
FIRST AID PROVIDED AT SCENE <input type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM:	
FIRST AID REFUSED <input type="checkbox"/> Yes <input type="checkbox"/> No	WITNESS TO REFUSAL:	
HOSPITALIZATION REQUIRED <input type="checkbox"/> Yes <input type="checkbox"/> No	HOSPITAL NAME:	ATTENDING PHYSICIAN:
INJURY PHOTOS TAKEN <input type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM:	
COUNSELING TEAM CONTACTED <input type="checkbox"/> Yes <input type="checkbox"/> No	BY WHOM:	

ATTACHMENTS: (Check ALL applicable items)

- | | |
|--|--|
| <input type="checkbox"/> Photos | <input type="checkbox"/> DVD / Video |
| <input type="checkbox"/> Medical Services Report | <input type="checkbox"/> Mental Health Services Report |
| <input type="checkbox"/> Crime Report | <input type="checkbox"/> Secondary Incident Report(s) |
| Crime: _____ (PC, WIC, H&S) | |