# Agency Name:       Date: Click here to enter a date.

Contact Name:       Phone

*Serious Incidents that are required to be reported to DCJS must be reported by phone to your grant monitor within one work day. This form must be completed and emailed to your grant monitor within three workdays of learning of the incident. This report to DCJS is for informational purposes only. Please be sure to follow your local operating procedures for reporting serious incidents locally.*

**Section A**.

The incident has been or is likely to be reported in the media: Yes [ ]  No [ ]

Attach or provide link, if available.

The incident falls within the SIR Policy provided by DCJS: Yes [ ]  No [ ]

If Yes is not checked for both of the above, please call your grant monitor before completing this form.

**Section B.**

Name of defendant, individual on probation, or staff at issue in incident:

If this incident was committed by staff, skip to section C.

Placement Type: Pretrial Services [ ]  Local Probation [ ]

Date of placement: Click here to enter a date. Original offense(s):

Court(s):

Was the individual in compliance at the time of the incident? Yes [ ]  No [ ]

Summary of status, risk level, and progress at time of incident:

Was the case file in compliance with agency SOPs at the time of the incident? Yes [ ]  No [ ]

If not, please explain.

**Section C**.

Date of incident: Click here to enter a date.

When did the agency learn of the incident? Click here to enter a date.

Type of incident:       (new criminal offense; assault on staff; offense by staff)

How did the agency learn of incident?

Brief summary of the incident (or attach news article):

Name of victim(s) or other individual(s) involved, if relevant to reporting the incident:

Victim relationship to defendant, individual on supervision, or staff, if any:

Is the victim the same person as the victim in the incident for which the individual was ordered to supervision? Yes [ ]  No [ ]

Has defendant/individual on supervision/staff been arrested? Yes [ ]  No [ ]

Charge(s) filed, if applicable:

Is defendant/individual on supervision/staff currently confined? Yes [ ]  No [ ]

Do you need technical assistance or additional training from DCJS? : Yes [ ]  No [ ]

If yes, indicate what you need: