

DETENTION FACILITY INCIDENT REPORT

Per 74 O.S. § 192.5 (B), the State Department of Health shall be notified no later than the next working day if any of the following incidents occur: (1) Extensive damage to detention facility property; (2) Serious injury to staff or inmate defined as life threatening or requiring transfer to outside medical facility; (3) Escape; (4) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility; and (5) Death

The completed form may be submitted via e-mail at jails@health.ok.gov (Click **SUBMIT** at bottom of form); or fax at (405) 900-7575.

CHECK TYPE OF INCIDENT

- | | |
|----------------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Extensive Damage to Facility Property | <input type="checkbox"/> Serious Suicide Attempt |
| <input type="checkbox"/> Serious Injury to Staff | <input type="checkbox"/> Death by Suicide |
| <input type="checkbox"/> Serious Injury to Inmate | <input type="checkbox"/> Death |
| <input type="checkbox"/> Escape | |

1. FACILITY (i.e. City or County Detention/Jail):

Name of Facility		Phone Number (Include Area Code)	
Address			
City		State	Zip Code
		Oklahoma	

2. PERSON COMPLETING REPORT:

First Name	Last Name	Title
Phone Number (Include Area Code)		E-Mail

3. DATE OF INCIDENT/OCCURENCE:

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4. TIME OF INCIDENT/OCCURENCE:

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5. Have you contacted any other Agency (OSBI, etc.)?

☐ YES ☐ NO

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6. LOCATION (i.e. Cell Number, Room Name, Floor, Area, etc.)

7. INMATE(S) INVOLVED IN INCIDENT:			
First Name	Last Name	DOB	Date Received in Facility

8. STAFF INVOLVED IN INCIDENT:	
First Name	Last Name

First Name	Last Name

9. LIST WITNESSES (i.e. Inmates, Contractor, Other, etc.)		
First Name	Last Name	Staff, Inmate, Other

10. DESCRIPTION OF INCIDENT (Be specific and detailed)

CLEAR

SUBMIT

PRINT