



DETENTION FACILITY INCIDENT REPORT

Per 310:670-5-2(27), the Department shall be notified no later than the next working day if any of the following incidents occur: (A) Extensive damage to detention facility property; (B) Serious injury to staff or inmate defined as life threatening or requiring transfer to outside medical facility; (C) Escape; (D) Serious suicide attempt, defined as life threatening or requiring transfer to outside medical facility; and (E) Death

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

NOTE: This document may be subject to the Oklahoma Open Records Act, 51 O.S. § 24.A.5.

CHECK TYPE OF INCIDENT

- Extensive Damage to Facility Property
Serious Injury to Staff
Serious Injury to Inmate
Escape
Serious Suicide Attempt
Death by Suicide
Death

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

Form with fields: Name of Facility, Phone Number (Include Area Code), Address, City, State (Oklahoma), Zip Code

2. PERSON COMPLETING REPORT:

Form with fields: First Name, Last Name, Title, Phone Number (Include Area Code), E-Mail

3. DATE OF INCIDENT/OCCURENCE:

Empty text box for date of incident

4. TIME OF INCIDENT/OCCURENCE:

Empty text box for time of incident

5. Have you contacted any other Agency (OSBI, etc.)? YES NO

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

Empty text box for location details

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 in space provided, do not attach documents)