



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER

Incident / Complaint Report Form

Program Code: _____ CCC Incident Number: _____
Program Name: _____ CCC Duty Officer: _____
Report Date: _____ Region: _____
Report Time: _____ Incident Date: _____
Incident Time: _____

Place of Occurrence: _____
(Specific Location) _____

PAR Restraint Involved: Yes No Unknown

Was Staff PAR Certified: Yes No

Staff to Youth Ratio: _____ Youth _____ Staff

Was Internal Investigation Initiated? Yes No Unknown

Incident Category: _____

Background Information:

[Large empty rectangular box for background information]

Immediate Action Taken:

[Large empty rectangular box for immediate action taken]



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER
INCIDENT / COMPLAINT REPORT FORM**

Persons Involved:

Reporting Person: _____ Phone#: () _____ ext. _____
 Contact Person: _____ Phone#: () _____ ext. _____

Name	Person Type (Staff, Youth, LEO, Parent, etc.)	Involvement Type (Subject/Victim/Witness, etc.)	JJIS/SSN#	D.O.B.
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Agency Notified:

Agency Name: _____
 Notified: Contact Name: _____
 Contact Date: _____ Contact Time: _____

Agency Name: _____
 Notified: Contact Name: _____
 Contact Date: _____ Contact Time: _____

Agency Name: _____
 Notified: Contact Name: _____
 Contact Date: _____ Contact Time: _____

Agency Name: _____
 Notified: Contact Name: _____
 Contact Date: _____ Contact Time: _____
 FSFN#: _____ Operator #: _____ Allegations Accepted: Yes No



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER
INCIDENT / COMPLAINT REPORT FORM**

Involved Youth Info:

Committing Offense(s): _____

Escapes

Did Youth Escape or Attempt to Escape? Yes No

Staff/Youth Ratio at Time of Escape: _____ to _____ **Was Youth Apprehended:** Yes No

Apprehended Date: _____ **Apprehended Time:** _____

Apprehended Location: _____ **Apprehended By:** _____

Was the youth previously identified as an escape risk? Yes No

If so, when and what actions were taken:

Additional information regarding the escape:

Home City Law Enforcement and County Notified? Yes No

Policy and/or contract requirements for Staff/Juvenile ratio: _____ to _____

Youth activities 12 hours prior to escape:

Was there property damage to the facility? Yes No

Description of the damage:

Has the damage been repaired? Yes No

Did any staff assist the youth? Yes No

Has the Facility taken steps to correct conditions that aided escape? Yes No

Explain what steps were taken:



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
 OFFICE OF INSPECTOR GENERAL
 CENTRAL COMMUNICATIONS CENTER
 INCIDENT / COMPLAINT REPORT FORM

Medical

Was medical treatment provided? Yes No

Who treated the youth (nurse at facility, physician, hospital)?

When was the youth treated? Date: _____ Time: _____

Extent of Treatment:

When was the youth returned to facility? Date: _____ Time: _____

Was treatment initiated by sick call request or emergency care? Yes No

Was the youth admitted for outside treatment? Yes No

What is the diagnosis?

Was youth receiving treatment from the facility prior to the incident? Yes No

Provide a summary of youth's medical status since arriving in the facility:

Status and location of youth:

Baker Act

Was mental health treatment provided? Yes No

Who treated the youth (nurse at facility, physician, hospital):

When was the youth treated? Date: _____ Time: _____

Extent of Treatment:



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER
INCIDENT / COMPLAINT REPORT FORM**

Baker Act (continued)

Was youth committed pursuant to Baker Act? Yes No

If yes, who made the decision? _____

When was youth returned to facility? Date: _____ Time _____

Is the youth currently prescribed psychotropic medication? Yes No

If yes, list name(s):

Any history of prior Baker Acts: Yes No Number: _____

Was the youth admitted for outside treatment? Yes No

Was youth receiving treatment from the facility prior to the incident? Yes No

Provide a summary of youth's mental status since arriving in the facility:

What was the level of supervision for the youth at the facility?

Were there restrictions on the youth? (Specifics)

Status and Location of Youth: _____

Prior History Of Suicide Attempts? Yes No Number: _____
 (Review JJIS and determine based on alerts.)

When was the last Suicide Risk completed? _____

What was the Suicide Risk Recommendation?

When was the last MAYSI/PACT completed? _____

Were the recommendations followed? Yes No

Was the parent or legal guardian notified? Yes No



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER
INCIDENT / COMPLAINT REPORT FORM**

Battery

Was youth charged or arrested for Battery? Yes No

Did the youth batter a staff? Yes No

If Yes, how many counts did the youth receive? _____

Did the youth batter a youth? Yes No

If Yes, how many counts did the youth receive? _____

Was the youth removed from the facility? Yes No

If Yes, where was the youth transported?

Will the youth be returned to the facility? Yes No

Involved Employee Questions:

Arrest

Was Employee arrested: Yes No Unknown

Charge(s):

Arrest During Work: Yes No

Arrest While in State/Provider Vehicle: Yes No Unknown

Arrest While in State/Provider Uniform: Yes No Unknown

State Provider ID Misrepresented: Yes No Unknown

Date Of Hire: (MM/DD/YYYY)

Length of Employment:

Employee's disciplinary history:



**FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER
INCIDENT / COMPLAINT REPORT FORM**

Employee's current status with DJJ/Provider:

IG-BSU notified of the arrest: Yes No

Track and report to CCC on arrest/court activity:

Allegation Of Abuse OR Inappropriate Conduct

Was there an allegation of Abuse or Inappropriate Conduct: Yes No Unknown

Was the staff removed from client contact: Yes No Unknown

If yes, Date of removal: (MM/DD/YYYY)

Time of Removal: (HH:MM) AM PM

If removed from Client's contact, Staff's Temporary Assignment:

If Staff not removed from Client's contact, provide explanation:

Staff placed on administrative leave, or suspension pending investigation: Yes No Unknown

Was notification made to DCF: Yes No Unknown

If No, why?:

If Yes, outcome?:

Was internal investigation conducted: Yes No Unknown



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
OFFICE OF INSPECTOR GENERAL
CENTRAL COMMUNICATIONS CENTER
INCIDENT / COMPLAINT REPORT FORM

Summarize the conclusion:

Note: If an internal investigation was not conducted, explain why?

Was the incident videotaped: Yes No Unknown

Any video of the incident been secured and reviewed: Yes No Unknown