

COURT FACILITY INCIDENT REPORT

BLOCK NUMBER	REPORT REQUIREMENT
1. DATE OF REPORT	State the date the report is being prepared.
2. DATE OF INCIDENT	Self explanatory.
3. TIME OF INCIDENT	Indicate the approximate time that the incident occurred.
4. GSA BUILDING NO.	Self explanatory.
5. BUILDING NAME	Self explanatory.
6. BUILDING ADDRESS	Self explanatory.
7. ARREST/DETENTION	Check the box at the bottom of this section if anyone is detained for any length of time or arrested.
8. REPORTING DISTRICT	Indicate the name of the district preparing the report. Please annotate if different than where the incident occurred.
9. REPORTED BY	Provide the name of person preparing the report.
10. TYPE OF INCIDENT	Check applicable box that best describes the type of incident. If "Other" is checked, give a one or two word description that best describes the incident.
11. CHECK APPLICABLE BOX	Indicate whether this is an initial report, a follow-up, or an addendum to a previous report.
12. INCIDENT DESCRIPTION	<p>At a minimum, the report must address the following:</p> <p>WHO: Provide the name(s) of the person(s) involved and their date of birth.</p> <p>WHAT: Describe what happened in detail.</p> <p>WHERE: Where did the incident happen? City, building, floor, room, etc.</p> <p>WHEN: Date and time of the incident.</p> <p>HOW: If not already covered in the "what" category, describe how the incident happened.</p> <p>All reports must be legible, complete, and accurate as possible. Explain the incident in detail, from the beginning to the end. Never end in the middle of the story.</p> <p>BE SURE THAT THE REPORT CAN BE READ BY SOMEONE OTHER THAN YOU.</p>
13. REPORT PAGES	If the narrative describing the incident is included on additional pages, write the number of pages attached. If contents of the report are sensitive in nature, each page should be marked "FOR OFFICIAL USE ONLY."
14. SIGNATURE OF PREPARER	Self explanatory.
15. DATE	Enter the date you signed this report.
16. APPROVED BY	<p>Indicate the name and title of the Contractor's official reviewing and approving official.</p> <p>NOTE: The reviewing and approving official must be a supervisory representative.</p>
17. DATE	Enter the date the report was reviewed, approved, and signed by the contractor's supervisory representative.
18. DISTRIBUTION	Immediately forward a copy of this report as indicated.