



New York State Commission of Correction
AE Smith Building, 12th Floor
80 South Swan Street,
Albany, NY 12210
Attn: R.I.

(518) 485-2466 24 Hr On Call
(518) 485-2467 Fax Machine

Print Form

Reportable Incident Form

Reporting Agency Agency ORI Date Reported Time Reported

Incident Category per Manual Incident Subcategory

Location of Incident Date of Incident Time of Incident

Agency Contact Information

Title Last Name First Name

Agency Contact Person Agency Contact Number

Commission Staff Notified
(If Applicable)

Inmate Information

Last Name First Name Middle Initial

Inmate Facility Number NYSID Number Date of Birth

Race Sex Date of Admission

Charge Category

Facility Classification Category Role in Incident

Was Inmate boarded In? If so, from where

Staff action taken in response to the incident: (Check all that apply)

- Transfer to Another General Housing Unit Administrative Segregation Initiated Constant Supervision Initiated Medical Evaluation On Site
- Mental Health Referral Transfer to Another Facility Use of Suicide Smock Use of Restraint Chair Stun Device
- Impact Weapon Chemical Agent Medicinal Restraint Taken to Emergency Room

Did inmate have any PRIOR KNOWN HISTORY of: (Check all that apply)

- Mental Health Evaluation Completed Gang Affiliation Self-Injury Suicide Attempts Attempted Escape Physical Handicap
- Sex Offenses Discipline Problems Victimization Escape Arson Assaultive Behavior Substance Abuse
- Mental Health Treatment

Staff Information

	Rank	Last Name	First Name	Middle Initial	Sex	Medical Treatment
Add Row						

Incident Narrative

Incident Summary

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the user to enter a summary of the incident.

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Directions for completing SCOC-011 Reportable Incident Form

Reportable Incident Form

Reporting Agency	Enter the Facility's Name
Agency ORI	Enter the Facility's ORI (This may automatically fill when the facility's name is entered)
Date Reported	Enter Date the form is being completed
Time Reported	Enter Time the form is being completed
Incident Category	This is the General Categories as stated in RI Manual This has a drop down menu for selection
Incident Subcategory	This is the specific subcategory, all categories are defined in the 2014- Reportable Incident Manual- use drop down menu for selection
Location of Incident	Enter location of incident (i.e. A POD near showers)
Date of Incident	Enter date that incident occurred
Time of Incident	Enter time that incident occurred

Agency Contact Information

Rank/Title	Enter the Rank of the person completing the form
Last Name	Enter the Last name of the person completing the form
First Name	Enter the First name of the person completing the form
Agency Contact Person	Enter the name of the person who the facility wants the Commission to contact if necessary for any follow-up or additional information
Agency Contact Number	Enter the telephone number including area code of the agency contact person.
Commission Staff notified	If contacting a Commission staff member was required, a drop down menu is available for noting which staff member was contacted

Inmate Information

For each inmate involved complete this section

Last Name	Enter the Last name of the inmate
First Name	Enter the First name of the inmate
Middle Initial	Enter the first initial of the inmate's Middle name
Inmate Number	Enter inmate's Facility Number
NYSID Number	Enter inmate's NYSID Number
Date of Birth	Enter inmate's Date of Birth
Race	Enter the Race of the inmate, a drop down menu is provided
Sex	Enter the Sex of the inmate, a drop down menu is provided
Date of Admission	Enter the date the inmate was admitted to the facility
Charge	Enter the inmate's current Charge (most serious if multiple)
Category	Enter selection, (i.e. felony, misdemeanor) a drop down menu is provided
Facility Classification Category	Enter the inmate classification category as determined by the facility's classification system
Role (in incident)	Enter selection, (i.e. victim, perpetrator) a drop down menu is provided
Was Inmate boarded in	Enter selection "Yes" or "No" via drop down menu is provided
If so, from where	Enter selection as to where boarded in from, a drop down menu is provided

Staff action taken in response to incident (check all that apply)

Check all action (s) taken in response to this incident, use drop down menus for selection as applicable

Did inmate have any Prior Known History of (check all that apply)

Check all known information that the facility is aware of regarding this inmate

Staff Information

For each staff involved complete this section, this includes all staff involved in the incident and/ or responding to the incident

Title	Enter the Title of the staff involved
Last Name	Enter the Last name of the staff involved
First Name	Enter the First name of the staff involved
Middle Initial	Enter the first initial of the staff's Middle name
Sex	Enter the Sex of the staff involved drop down menu is provided
Medical Treatment	Enter selection a drop down menu is provided

Incident Summary

Incident Summary	Enter a <u>detailed</u> description of the incident, including but not limited to contributing factors, type of restraint techniques and/or equipment used, administrative action(s) taken, pending disciplinary action(s), immediate medical attention provided.
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