



INCIDENT REPORT FORM

Administrative Investigations Division

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

Fill out both sides of form and submit completed form and any additional documentation to:

Email: abuseneglect@tjtd.texas.gov

REPORTER'S INFORMATION				
Form Completed By Name/Title		Phone #	Fax #	Email Address
First Person of Knowledge Name/Title		Phone #	Email Address	
County Case ID #	County	Incident Date	Incident Time	

LOCATION OF ALLEGED INCIDENT				
Name of Department/Program/Facility				Type of Program/Facility (check one): <input type="checkbox"/> Pre-Adjudication (Detention) <input type="checkbox"/> Post-Adjudication (Secure) <input type="checkbox"/> Post-Adjudication (Non-Secure) <input type="checkbox"/> Probation <input type="checkbox"/> JJAEP <input type="checkbox"/> Day Reporting Program
Address	City	State	Zip	
Administrator's Name/Title		Phone	Fax	

LAW ENFORCEMENT NOTIFICATION				
Law Enforcement Agency Name			Person Notified	
Phone	Fax	Report Number	Date Notified	Time Notified

SERIOUS INCIDENTS -- Report to TJJD within 24 Hours						
<input type="checkbox"/> Attempted Escape	<input type="checkbox"/> Attempted Suicide:		Referred for Mental Health Services? <input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Escape	<input type="checkbox"/> Reportable Injury:		Restraint related? <input type="checkbox"/> Y <input type="checkbox"/> N			
<input type="checkbox"/> Escape-Furlough	If yes, what type?		<input type="checkbox"/> Mechanical	<input type="checkbox"/> Physical	<input type="checkbox"/> Chemical	
<input type="checkbox"/> Youth Sexual Conduct						
<input type="checkbox"/> Youth-on-Youth Physical Assault						
YOUTH INVOLVED	Name		DOB	Age	Race	Height
	Weight	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Placing County	PID	Current Location of Youth: <input type="checkbox"/> Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other	
	Name of Parent/Guardian		Phone	Date Notified	Time Notified	
	Parent/Guardian's Address			City	State	Zip

ABUSE, NEGLECT, EXPLOITATION, OR DEATH	
Report to TJJD and Law Enforcement within 24 Hours : <input type="checkbox"/> Exploitation <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Neglect: <input type="checkbox"/> Medical <input type="checkbox"/> Supervisory <input type="checkbox"/> Physical Abuse Restraint related? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what type? <input type="checkbox"/> Mechanical <input type="checkbox"/> Physical <input type="checkbox"/> Chemical	Report to Law Enforcement within 1 Hour and TJJD within 4 Hours : <input type="checkbox"/> Death: <input type="checkbox"/> Suicide <input type="checkbox"/> Non-Suicide <input type="checkbox"/> Sexual Abuse: <input type="checkbox"/> Contact <input type="checkbox"/> Non-Contact <input type="checkbox"/> Serious Physical Abuse (injury that requires medical treatment): Restraint related? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, what type? <input type="checkbox"/> Mechanical <input type="checkbox"/> Physical <input type="checkbox"/> Chemical

STAFF-ON-YOUTH ALLEGATIONS ONLY

ALLEGED VICTIM: YOUTH	Name		DOB	Age	Race	Height	
	Weight	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Placing County	PID	Current Location of Youth: <input type="checkbox"/> Facility <input type="checkbox"/> Residence <input type="checkbox"/> Other		
	Name of Parent/Guardian		Phone	Date Notified	Time Notified		
	Parent/Guardian's Address			City	State	Zip	

ALLEGED PERPETRATOR: STAFF	Name / Title	8 C6	; YbXYf	FY! 5 gg[[bYX	FYg[[bYX	Gi gdYbXYX	HYfa]bUHYX
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH-ON-STAFF ASSAULTS ONLY TJJD will not investigate these incidents; however, it is important that we collect this data. Please report all assaults on staff to local law enforcement and TJJD.

ALLEGED VICTIM: STAFF	Name / Title	DOB	Race	Gender <input type="checkbox"/> M <input type="checkbox"/> F
	Was the staff injured? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes: Was medical treatment needed? <input type="checkbox"/> Y <input type="checkbox"/> N Briefly describe any injuries:			

SUSPECT: YOUTH	Name		DOB	Age	Race	
	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Placing County	PID			
	Name of Parent/Guardian		Phone	Date Notified	Time Notified	
	Parent/Guardian's Address			City	State	Zip

DESCRIPTION OF INCIDENT

- **THIS SECTION MUST BE COMPLETED. Supplementary attachments may not replace the narrative.**
- The details of the incident should include **who, what, when, where, why, and how**, including a description of any injuries and the type of medical treatment provided. Use additional pages if necessary.
- **NOTE:** If the first person of knowledge is not the person who is submitting this form, the first person of knowledge must attach a signed, dated statement.

APPROVAL

I do hereby attest that the information I provided is true and correct to the best of my knowledge.

Printed First and Last Name	Signature X	Date
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