



# OFFICE OF INSPECTOR GENERAL

TEXAS JUVENILE JUSTICE DEPARTMENT

## INCIDENT REPORT FORM

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

Email: [abuseneglect@tjjd.texas.gov](mailto:abuseneglect@tjjd.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				<b>Type of Program/Facility</b> (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 <b>24 Hours</b>						
<input type="checkbox"/> Attempted Escape						
<input type="checkbox"/> Escape						
<input type="checkbox"/> Abscond from a Non-Secure Facility						
<input type="checkbox"/> Juvenile Sexual Conduct						
<input type="checkbox"/> Juvenile-on-Juvenile Physical Assault						
<input type="checkbox"/> Attempted Suicide: Referred for Mental Health Services? <input type="checkbox"/> Y <input type="checkbox"/> N						
<input type="checkbox"/> Reportable Injury: 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						
<b>JUVENILE INVOLVED</b>	Name		DOB	Age	Race	Height
	Weight	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Placing County	PID	Current Location of Juvenile: <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 <b>24 Hours</b> :	Report to Law Enforcement within <b>1 Hour</b> and TJJD within <b>4 Hours</b>
<input type="checkbox"/> Exploitation	<input type="checkbox"/> Death: <input type="checkbox"/> Suicide <input type="checkbox"/> Non-Suicide
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Sexual Abuse: <input type="checkbox"/> Contact <input type="checkbox"/> Non-Contact
<input type="checkbox"/> Verbal Abuse	<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
<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	



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TEXAS JUVENILE JUSTICE DEPARTMENT

## STAFF-ON-JUVENILE ALLEGATIONS ONLY

<b>VICTIM: JUVENILE</b>	Name		DOB	Age	Race	Height	
	Weight	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Placing County	PID	Current Location of Juvenile: <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	

<b>SUBJECT: STAFF</b>	<b>Name / Title</b>	<b>DOB</b>	Sex (M/F)	Re-Assigned	Resigned	Suspended	Terminated
				<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"/>

## JUVENILE-ON-STAFF ASSAULTS ONLY

TJJD will **not** investigate these incidents; however, it is important we collect this data. Please report all assaults on staff to local law enforcement and TJJD.

<b>VICTIM: STAFF</b>	Name / Title	DOB	Race	Sex <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:			

<b>SUBJECT: JUVENILE</b>	Name		DOB	Age	Race	
	Sex <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 <b>X</b>	Date
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