



FLORIDA DEPARTMENT OF JUVENILE JUSTICE
CENTRAL COMMUNICATIONS CENTER

DRAFT ONLY Incident/Complaint Report Form DRAFT ONLY

CCC Incident Number: \_\_\_\_\_

Report Date: \_\_\_\_\_

Report Time: \_\_\_\_\_

Incident Date: \_\_\_\_\_

Incident Time: \_\_\_\_\_

Facility/Program Name: \_\_\_\_\_

Facility/Program Code: \_\_\_\_\_

Branch: \_\_\_\_\_

Circuit: \_\_\_\_\_

County: \_\_\_\_\_

Region: \_\_\_\_\_

Phone #: ( ) \_\_\_\_ - \_\_\_\_

Category Information:

Abscond Incident \_\_\_\_\_ Mental Health/Substance Abuse Incident \_\_\_\_\_

Complaint Against Staff Incident \_\_\_\_\_ Miscellaneous \_\_\_\_\_

Escape Incident \_\_\_\_\_ Program Disruption Incident \_\_\_\_\_

Medical Incident \_\_\_\_\_ Youth Behavior Incident \_\_\_\_\_

Table with 6 columns: Involved Person(s), DOB, Person Type, Involvement Type(s), Classification(s), Phone Number

Dotted lines for data entry in the table.

Place of Occurrence: \_\_\_\_\_

PAR Restraint Involved?: Yes/No/Unk If PAR Restraint was involved, were staff certified?: Yes / No

Number of Staff to youth ratio for the incident location: \_\_\_ : \_\_\_ N/A: [ ]

Was the internal investigation initiated?: Yes/No/Unk

Background Information:

Horizontal lines for background information text entry.

**Immediate Action Taken:**

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**Agencies Notified:**

Contacted	Law Enforcement Agency	Contact Person	Date	Time
		Office Name: Arrest Made:    Yes <input type="checkbox"/> No <input type="checkbox"/> Case #:		
Contacted	DJJ Region	Contact Person	Date	Time
		Circuit:		
Contacted	Abuse Registry	Contact Person	Date	Time
		Operator Name: Operator #: FSFN #: Allegation Accepted:		
Contacted	State Attorney	Contact Person	Date	Time
Contacted	Committing Judge	Contact Person	Date	Time
Contacted	Parent/Guardian	Contact Person	Date	Time
Contacted	Other	Contact Person	Date	Time

**Involved Youth Info:**

**Involved Youth Escape Information**

Did Youth Escape or Attempt to Escape: Yes \_\_\_ No \_\_\_

Escape or attempted to Escape:

Committing Offense(s): \_\_\_\_\_

Staff/Youth Ratio at Time of Escape: \_\_\_ : \_\_\_

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: \_\_\_\_\_

Youth activities 12 hours prior to escape: \_\_\_\_\_

Was there property damage to the facility: Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

Description of the damage: \_\_\_\_\_

Has the damage been repaired:

Did any staff assist the youth: Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

**Note: If yes, immediately contact OIG for further instructions**

Has the Facility taken steps to correct conditions that aided escape: Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

Explain what steps were taken: \_\_\_\_\_

**Involved Youth Medical Information:**

Was medical treatment provided? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ Refused \_\_\_\_ N/A \_\_\_\_

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

When was the youth treated? \_\_\_\_\_

Extent Of Treatment: \_\_\_\_\_

When was the youth returned to facility? \_\_\_\_\_ Still At Hospital \_\_\_\_

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

Was the youth admitted for outside treatment? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

What is the diagnosis: \_\_\_\_\_

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

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

Status and location of youth: \_\_\_\_\_

**Involved Youth Baker Act Information:**

Was mental treatment provided? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_ Refused \_\_\_\_ N/A \_\_\_\_

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

When was the youth treated? \_\_\_\_\_

Extent of Treatment: \_\_\_\_\_

Was youth committed pursuant to Baker Act? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

If yes, who made the decision? \_\_\_\_\_

When was youth returned to facility? \_\_\_\_\_

Is the youth currently prescribed psychotropic medication? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

If yes, list name(s): \_\_\_\_\_

Any history of prior Baker Acts: Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

Number of prior Baker Acts: \_\_\_\_\_

Was the youth admitted for outside treatment? Yes \_\_\_\_ No \_\_\_\_ Unknown \_\_\_\_

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

Provide 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: \_\_\_\_\_

Any history of Suicide attempts(Review JJIS and determine based on alerts): Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Prior History Of Suicide Attempts: \_\_\_\_\_

Number of prior Suicide Attempts: \_\_\_\_\_

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 \_\_\_

**Involved Youth Battery Information:**

Was youth charged or arrested for Battery? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Did the youth batter a staff? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

If Yes, how many counts did the youth receive? \_\_\_\_\_

Did the youth batter a youth? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

If Yes, how many counts did the youth receive? \_\_\_\_\_

Was the youth removed from the facility? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

If Yes, where was the youth transported to?: \_\_\_\_\_

Will the youth be returned to the facility? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

**Involved Employee Info:**

**Involved Employee Arrest Information:**

Was Employee arrested: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Charge(s): \_\_\_\_\_

Arrest During Work: Yes \_\_\_ No \_\_\_

Arrest While in State/Provider Vehicle: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Arrest in State/Provider Uniform: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

State Provider ID Misrepresented: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

Date Of Hire: \_\_\_\_\_

Length Of Employment: \_\_\_\_\_

Employee's disciplinary history: \_\_\_\_\_

Employee's current status with DJJ/Provider: \_\_\_\_\_

IG-BSU notified of the arrest: Yes \_\_\_ No \_\_\_

Track and report to CCC on arrest/court activity: \_\_\_\_\_

**Involved Employee Allegation or Inappropriate Conduct Information:**

Was the staff removed from client contact: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

If yes, Date of removal: \_\_\_\_\_

Time Of Removal: \_\_\_\_\_

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 \_\_\_

Summarize the conclusion: \_\_\_\_\_

Was the incident video taped: Yes \_\_\_ No \_\_\_ Unknown \_\_\_

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









