

5123-17-02

APPENDIX C

Page 1 of 2

ADMINISTRATIVE REVIEW FORM
FOR LAW ENFORCEMENT

Individual's Name:

Date of Law Enforcement:

Major Unusual Incident Number:

Date Form Initiated:

Name of Person Initiating Form:

Title of Person Initiating Form:

Contact Information for Person Initiating Form:

Provider Name:

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Describe the incident in detail.

HISTORY/ANTECEDENTS - Explain what led to the individual being tased, arrested, charged, or incarcerated. Provide a history of law enforcement involvement.

CRIMINAL CASE INFORMATION

Law Enforcement Entity:

Contact Information for Arresting Officer:

Incarceration Location:

SUPERVISION LEVEL - Did the individual have a supervision requirement? If so, describe the supervision level.

INJURIES/MEDICAL NEEDS - Were there any injuries to the individual or anyone else involved in the law enforcement major unusual incident? Did the individual receive timely medical attention? Are the individual's medical needs

(e.g., medications, special diet, or assistive equipment) known and addressed, especially if the individual is incarcerated?

**PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN
COLLABORATION WITH THE INDIVIDUAL'S TEAM**

CAUSES AND CONTRIBUTING FACTORS

- ☐ Supervision not met
- ☐ Peer aggression
- ☐ Peer or other outside influence
- ☐ Control issues - staff/family/peers
- ☐ Medication change/refusal
- ☐ Individual service plan/behavioral support strategy not followed
- ☐ Domestic dispute
- ☐ Lack of resources led to shoplifting or theft
- ☐ Unmet health needs
- ☐ Substance abuse
- ☐ Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or level of supervision).

Name of Investigative Agent Completing Form:
Date Form Completed: