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

DESCRIBE – 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? If yes, please describe injury sustained by the individual.

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

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?

CAUSES AND CONTRIBUTING FACTORS

- □ Supervision not met
- □ Peer aggression
- □ Peer or other outside influence
- □ Control Issues – staff/family/peers
- □ Medication changes/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 changes, staff training, medication changes, or level of supervision.)

Name of Investigative Agent Completing Form: _____

Date Form Completed: _____