

5123-17-02 APPENDIX C PAGE 1 OF 4 ADMINISTRATIVE REVIEW FORM FOR LAW ENFORCEMENT

ndividual's Name:	
Date of Law Enforcement:	
Major Unusual Incident Number:	
Date Form Initiated:	
Name of Person Initiating Form:	
Fitle 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.



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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



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Did the individual receive timely medical attention?

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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
- \Box Peer or other outside influence
- $\ \ \Box \ \ Control \ Issues staff/family/peers$
- □ Medication changes/refusal
- Individual service plan/behavioral support strategy not followed
- □ Domestic dispute
- □ Lack of resources led to shoplifting or theft
- \Box Unmet health needs
- □ Substance abuse
- \Box Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION



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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.)