



## Arkansas Community Correction

Two Union Nation Plaza Building  
105 West Capitol, 3<sup>rd</sup> Floor  
Little Rock, AR 72201-5731  
(501) 682-9510 (501) 682-9513 (fax)

### ADMINISTRATIVE DIRECTIVE: 14-12 REPORTING AND INVESTIGATING INCIDENTS, HAZARDS, AND MALTREATMENT

**TO: ARKANSAS COMMUNITY CORRECTION (ACC) EMPLOYEES**

**FROM: SHEILA SHARP, DIRECTOR**

**SUPERSEDES: AD 11-05**

**APPROVED: \_\_\_\_\_ Signature on file \_\_\_\_\_ EFFECTIVE: May 31, 2014**

- I. APPLICABILITY.** This policy applies to contractors working in an ACC residential facility ACC employees, volunteers, interns, and residents.
  
- II. POLICY.** ACC policy is to ensure work-related incidents and hazards are appropriately managed, reported, documented, investigated and resolved, and that measures are taken to prevent reoccurrence. (2-CO-1C-05, 4-ACRS-1C-01-1, 4-ACRS-2B-03, 4-APPFS-3G-02 and 4-APPFS-3G-04)
  
- III. GUIDELINES.**
  - A. Serious Incident Notifications.** All contractors working in an ACC residential facility, employees, volunteers, and interns are required to make immediate notifications of serious incidents and unusual occurrences pursuant to the policy “Serious Incident Notification Procedures.”
  
  - B. Reportable Incidents and Hazards.** Good judgment must be used in determining what to report. If there is doubt about whether to report something supervisor guidance may be sought. However, a person should not hesitate to complete a report just because a supervisor does not think one is needed. At a minimum, report any work-related event, situation or hazard that has resulted in or may result in significant injury, illness or death, or may involve illegal, inappropriate or unethical conduct. Reports are also required for critical incidents which include any event or situation that poses a substantial threat to staff or residents in the criminal justice setting.

**C. Documenting and Reporting.** All contractors, employees, volunteers and interns are required to fully document reportable incidents they witness or in which they are involved using AD 14-12 Form 1, “Incident or Hazard Report/Witness Statement” and when required, Form 2, “Firearm Activity Report.” Similarly, substantial hazards must be reported.

ACC staff must direct offenders to document incidents they witness or in which they are involved using Form 1.

Managers and supervisors must ensure employees, volunteers and interns understand and comply with this policy.

Center Supervisors must ensure permanent logbooks with pre-numbered pages are maintained (3 years from the date of final entry) of routine and unusual occurrences at the residential facilities. The log must include the date/time of the incident, an incident summary, and a cross-reference number to the number placed on the incident report. The logbook may be maintained electronically. (4-ACRS-2A-09)

At a minimum all “Incident or Hazard Report/Witness Statement” forms at residential facilities must be reviewed by the Senior Residential Supervisor who must ensure proper actions are taken pursuant to policy. At a minimum all “Incident or Hazard Report/Witness Statement” forms prepared by Parole/Probation staff must be reviewed by an Assistant Area Manager. The Assistant Area Manager must ensure proper actions are taken pursuant to policy, unless the Area Manager chooses to accept this responsibility. These forms must be sent to higher levels as specified elsewhere in this policy. When applicable also comply with the policies “Serious Incident Notification Procedures” and “Resident Serious Illness/Injury or Death.” Any incident/hazard report involving use of force or a serious/critical incident at a minimum must be sent to the Center Supervisor / Area Manager. (4-ACRS-2B-01)

Unless required or appropriate pursuant to the “Serious Incident Notification Procedures” policy, there is no need to send incident reports to the Incident Notification email group.

**D. An Exception for Sexual Abuse, Sexual Harassment and Non-Sexual Harassment.**

For situations involving sexual abuse, sexual harassment and non-sexual harassment, notification may be made directly to the Internal Affairs Administrator or by other means described in the rape/harassment notice posted in all ACC facilities.

In these situations, do NOT send an email to the Incident Notification Committee.

**E. Responding to Incidents in General.** Manage disturbances and emergencies in accordance with emergency plans and applicable policy. Staff must ensure that people injured in an incident receive immediate medical attention (4-ACRS-2B-02). Following is a general outline of the steps used in responding to an incident:

1. Assess the situation
2. Determine the response
3. Implement the response
  - a. implement emergency plan
  - b. request necessary assistance
  - c. restore order
  - d. report
4. Accomplish recovery actions, to include the following as appropriate:
  - a. maintain order
  - b. protect physical evidence
  - c. investigate
  - d. take necessary action
  - e. document and report

**F. Responding to Sexual Abuse Incidents.** At residential centers the “first responder” to a situation where sexual abuse is suspected or alleged must use the facility “Sexual Abuse Checklist,” and follow the facility plan and appropriate policy.

**G. Criminal Acts.** When a contractor, resident, employee, volunteer or intern allegedly commits an act covered by criminal law, the manager or supervisor must refer the case to the appropriate Deputy or Chief Deputy Director. The Deputy/Chief Deputy Director must notify the Internal Affairs Administrator. The IAA must investigate or refer to the appropriate law enforcement agency as coordinated with the Director. The Deputy/Chief Deputy Director and IAA must inform the Director and, as appropriate, the Communications Division. This guidance does not prohibit anyone from contacting police directly for emergency response.

**H. Use-of-Force Incidents.** All use-of-force incidents described by the Use-of-Force policy must be reported fully and in writing. Reports must include the circumstances that led to the incident, persons present, force used and by whom, injuries sustained (if any), and medical assistance offered and provided. At a minimum all reports involving use-of-force must be provided to the Center Supervisor / Area Manager. (4-ACRS-2B-01).

**I. Incidents Involving a Firearm.** When a firearm is used in an incident, complete an incident report and Firearms Activity Report (Form 2) and comply with applicable guidance as follows:

1. Accidental Discharge of a Firearm (No Injuries Involved)
  - a. Any employee who accidentally discharges an ACC-issued firearm or personal firearm in the line of duty must promptly contact his or her supervisor, who

will initiate an investigation.

- b. The employee(s) must write an incident report.
  - c. The appropriate deputy or assistant director will review and maintain the files on all accidental firearms discharges.
2. Fatal shooting by an Employee in Performance of Duty, Intentional Use of Deadly Force, or Accidental Firearm Discharge Resulting in Injury. When a discharged firearm results in a fatal shooting in the performance of duty, intentional use of deadly force, or accidental firearm discharge resulting in injury the following actions must take place:
- a. Involved employee(s) must submit to drug and alcohol testing.
  - b. Immediately notify the involved employee's immediate supervisor and the law enforcement agency of local jurisdiction;
  - c. The immediate supervisor (or another supervisor or the employee) must immediately comply with the policy "Serious Incident Notification Procedures."
  - d. Complete and submit Form 1, "Incident or Hazard Report/Witness Statement" and Form 2, "Firearms Activity Report."
  - e. Turn the firearm over to the supervisor. If there was an injury or death, the supervisor must immediately turn the firearm over to the local or state law enforcement authorities for investigation. The firearm must not be cleaned until a release has been received from the Internal Affairs Administrator and the appropriate Deputy Director has approved.
  - f. IAA must promptly conduct a thorough investigation and complete the investigation as soon as possible or when appropriate, request a local or State Police investigation.
  - g. The supervisor must reassign the employee to duties that do not require carrying a firearm until the investigation is completed. Before the supervisor can reassign a firearm to the employee, he/she must undergo a psychiatric examination for the purpose of determining whether he/she is mentally fit to resume carrying a firearm and resume all duties. The employee must receive a favorable recommendation to resume full duties and responsibilities.
  - h. Prior to the completion of the investigation, the employee must not discuss the incident with anyone except the investigating agencies, appropriate ACC supervisory personnel, his or her attorney, or spiritual or mental health advisor, until given permission by the supervisor.

**J. Vehicle Incidents/Accidents.**

1. In addition to other reporting requirements, drivers must report ALL accidents and traffic violations when operating a state vehicle and/or while driving any vehicle on state business. If a driver is unable to report, his/her supervisor must report.
2. Drivers must immediately report accidents verbally to:  
Bancorp South Insurance Services  
Monday through Friday 8:00AM to 4:00PM call 501-664-7705  
After Hours call 501-664-9252.
3. Drivers must comply with the Drug-Free Workplace policy drug/alcohol testing requirements (tests must be conducted within specified time frames).
4. After an accident drivers must send the following to the ACC Central Office, Administrative Services Division, ATTN: Insurance Claims, 105 West Capitol Ave, 3rd Floor, Little Rock, AR 72201-5731: ACC Incident Report, police report, pictures, other relevant information and the insurance adjuster's report. The ACC Insurance Claims Section phone number is 501-682-9509.
5. If a vehicle accident results in damage to the property of any one person in excess of \$1,000.00 or in bodily injury to or in the death of a person, the driver (if unable, the supervisor) must complete the "[Arkansas Motor Vehicle Accident Report \(SR-1\)](#)." A paper copy may be used initially; the information must be reported on the on-line Internet form within 30 days.
6. Drivers must report traffic violations to his/her supervisor. Supervisors take appropriate action pursuant to policy.
7. Drivers and supervisors must comply with other applicable aspects of this policy and other policies, to include the Vehicle Management policy.

**K. Lost, Stolen, or Damaged Firearms.** Damaged firearms approved for disposal or lost or stolen firearms must also be reported by the supervisor to the Administrative Services Section for proper documentation in agency inventory records.

**L. Work-Related Injuries or Illnesses.**

1. Employees, Personnel Officers, and Area/Assistant Area Managers.

The "company nurse" referred to in this section means a contract service that guides employees who have work-related injury or illness in seeking care to

ensure compliance with state agency and Worker Compensation requirements. This NOT the contractor that provides treatment for residents. Human Resource staff can provide the phone number for the current “company nurse” contractor.

- a. In a medical emergency call 911 or seek immediate treatment at an emergency room. When there is a medical emergency the Personnel Officers or Area/Assistant Area Manager must promptly call the “company nurse” and report the situation. As soon as the injured/ill employee is able, he/she must also contact the “company nurse” for follow-on care instructions.
  - b. When a work-related injury or illness does not require emergency medical care, before seeking any treatment, the injured/ill employee and the Personnel Officer or Area/Assistant Area Manager must call the “company nurse” for treatment instructions. The employee must use the medical services specified by the company nurse. The employee may seek additional care at his/her own expense.
  - c. Employees who have a work-related injury or illness must promptly complete and submit to their supervisor:
    - The Arkansas Workers’ Compensation Commission Form AR-N, “[Employee’s Notice of Injury](#)” (print the 2-page form on the front/back of one piece of paper if possible). Forms must be completed in the employee’s handwriting whenever possible. If the employee is unable to do so, a brief explanation must be provided by the supervisor most familiar with the situation.
    - The employee must also complete the Arkansas Insurance Department > [Public Employee Claims Division’s](#) > PECD Form 1, “Employee’s Report of Accident.”
  - d. Personnel Officer or Area/Assistant Area Manager upon receipt of forms from the “company nurse” must have the injured/ill employee review, make appropriate corrections and sign. The Personnel Officer or Area/Assistant Area Manager must then email the forms to the Human Resources Section; Central Office Benefits Analyst.
2. Supervisor Initial Forms Processing. Supervisors must ensure the above employee actions are taken; promptly accomplish the following and forward all forms to the Central Office, Human Resources Section (HRS) in sufficient time to allow HRS to get the forms to the appropriate agency within 10 days of the injury or illness onset:

- Provide the employee with a copy of both sides of the completed Arkansas Workers' Compensation Commission Form AR-N, "[Employee's Notice of Injury](#)." (printed on front and back if possible) and submit the original to HRS
  - Complete and submit the Workers' Compensation Commission Form 1A-1, "[Workers Compensation - First Report of Injury or Illness](#),"
  - Complete and submit the Arkansas Insurance Department > [Public Employee Claims Division](#)'s "PECF Form 2, "Workers Comp Information Sheet"
  - Send a copy of the ACC "Incident or Hazard Report/Witness Statement(s)" to HRS. HRS must send these to the Arkansas Insurance Department > Public Employee Claims Division.
  - For each accident resulting in a fatality, amputation, or when one or more employees are hospitalized, complete the Arkansas Department of Labor "[Accident / Injury Reporting form](#)" and process it through ACC Human Resources in time to arrive at the Arkansas Department of Labor within 48 hours from the accident.
3. Supervisor Follow-Up Reporting. Supervisors must report to HRS any change in status including but not limited to the following:
    - the injured employee returning to work and drawing wages
    - the injured employee losing time again
    - the injured employee has died.
  4. Human Resources Section. HRS will promptly forward forms to the appropriate agency.
  5. Offender Injuries - Supervisor/Offender Responsibilities. When possible, an offender who sustains an injury while in ACC custody must complete an Incident/Hazard Report form. The supervisor most familiar with the injury situation must ensure form completion. At residential centers, the medical contractor's "Accident/Injury" Report may also be required. In case of a resident serious illness/injury, follow guidance in the "Resident Serious Illness/Injury or Death" policy.

#### **M. Maltreatment Reporting.**

1. Applicability. This portion of the policy applies to Arkansas Community Correction (ACC) employees.
2. Maltreatment Reporting in General. All ACC employees are required to report

actual and probable maltreatment of any person, to include children, adults, and elder adults. This is a higher standard than the law which in general specifies certain occupations as being mandatory reporters of child and elder maltreatment. Some detailed requirements are provided for employees in positions designated by law as “mandatory reporters.” “Mandatory Reporters of Child Maltreatment” include clergy (except when exempt by law), all medical staff, mental health professionals (this includes counselors), law enforcement officers (as defined in Use of Force policy), and sexual abuse or victim advocates. A similar listing of “mandatory reporters” is described in law pertaining to adult maltreatment.

3. Reporting Child Maltreatment.
  - a. Follow confidentiality guidance.
  - b. ACC employees must promptly notify the Child Abuse Hotline if they
    - 1) have reasonable cause to suspect that child maltreatment has occurred or a child has died as a result of child maltreatment; or
    - 2) observe a child being subjected to conditions or circumstances that would reasonably result in child maltreatment.
  - c. Child Maltreatment Details. This policy does not provide details such as definitions of child abuse. Mandatory reporters must, and other employees should, understand the legal details and definitions provided in Arkansas law beginning at section 12-18-1708
  - d. Mandatory reporters of Child maltreatment must
    - 1) Obtain as much clarifying information as possible.
    - 2) When Residential Services counselors contact the Child Abuse Hotline if the hotline staff indicates they will conduct a follow up interview at the Center, the Center Supervisor must be informed.
    - 3) Mandatory reporters are encouraged to make a call with the offender so that both can speak to the hotline staff. Parole/Probation Treatment staff may allow an offender to make a report on their own; however if this option is used, the staff is still obligated to call. The Child Abuse Hotline number is 1-800-482-5964.
    - 4) The counselor (or other mandated reporter) must document all activity in the clinical file.
4. Informing a Supervisor. After contacting the hotline, an employee should inform his/her supervisor without divulging details.
5. Adult / Elder Maltreatment. This policy requires all employees to report actual and probable maltreatment of any adult person. Maltreatment of adults to include elders must be reported to the Adult Abuse hotline at (800) 482-8049. Mandatory reporters must, and other employees should, understand the legal details and

definitions provided in Arkansas law beginning at section 4-88-201 and beginning at section 12-12-1701. Report any abuse to include suspected abuse, neglect, or exploitation of endangered or impaired adults.

6. Confidentiality of Child/Adult Maltreatment Information. Information received about child or adult maltreatment must only be released under the following circumstances:
  - reporting to the hotline
  - disclosing information to other staff for appropriate business reasons
  - documenting information in the clinical file
  - consulting with your personal attorney, and
  - complying with court orders.

**N. Analyzing Outcome Measures.** Center Supervisors must ensure use of force incidents are reported in monthly reports. The Deputy Director of Residential Services will ensure use of force incident data are aggregated and analyzed annually. (4-ACRS-2B-03)

**O. Investigations.**

1. When a firearm is involved refer to the above paragraph “Incidents Involving a Firearm.
2. When there is an incident, allegation or suspicion of sexual abuse or sexual harassment, the Internal Affairs Administrator must investigate or, when there is a possibility of criminal prosecution, turn the investigation over to State Police. The IAA will provide pertinent information to appropriate personnel in an effort to resolve the situation and prevent future occurrences. The IAA must ensure investigations are conducted pursuant to PREA standards (PREA 115.222, 115.271, 115.272, 115.273).
3. When there is a substantial incident, allegation or suspicion that does NOT involve sexual abuse or sexual harassment, the IAA must investigate or refer to the appropriate law enforcement agency as coordinated with the Director.
4. The Director may order the IAA to conduct an internal investigation of other incidents when deemed appropriate.
5. Supervisors are responsible for investigating incidents that are not being investigated by the IAA or an outside law enforcement agency.

**P. Supervisor.** Supervisors must ensure the following:

1. Employees are trained on this and other policies and emergency plans related to specific types of incidents to ensure timely, accurate and appropriate handling and reporting of incidents and hazards.

2. Staffs, volunteers and residents are provided appropriate guidance so they will comply with safety and security rules and procedures and report safety and security incident situations. Failure to comply with appropriate reporting requirements may lead to disciplinary action.
3. Actions are taken to investigate and prevent reoccurrence of preventable incidents/hazards.
4. When there is harassment between/among employees, volunteers, interns and/or contractors; in addition to reporting and investigating measures, supervisors must ensure appropriate oversight to include measures to prevent further harassment or retaliation. Other policies guide supervisors when offenders are involved.

**Q. Physical Evidence.** Physical evidence must be handled following procedures in the administrative directive, "Searches for Control and Disposition of Contraband and Evidence".

**R. After-Action Activities.**

1. Critical Incident Reviews.
  - a. The IAA, Area Managers, Administrators, Center Supervisors and above may ask the Director to appoint a Critical Incident Review Committee.
  - b. The Director may order a critical incident review and when doing so will appoint a Critical Incident Review Committee.
  - c. The IAA must ensure a critical incident review is conducted at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
    - 1) Such review must ordinarily occur within 30 days of the conclusion of the investigation.
    - 2) The review team must include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners.
    - 3) The review team must:
      - (a) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
      - (b) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
      - (c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

- (d) Assess the adequacy of staffing levels in that area during different shifts;
  - (e) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - (f) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs Q.1.c.3, (a) – (e) of this section, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager.
- 4) The facility must implement the recommendations for improvement, or must document its reasons for not doing so. (PREA 115.283)
- d. Portions of the review may be considered performance evaluation records when describing individual employee actions.
2. Critical Incident Review Committees must:
- a. Comply with the above guidance for sexual abuse investigations in addition to this.
  - b. Gather documentation and conduct interviews as necessary to determine the facts related to the incident.
  - c. Notify the IAA if it suspects criminal activity has occurred. When this happens, the Director will determine whether to continue the critical incident review or rely solely on the State Police investigation.
  - d. Complete the review within 45 days (30 days following a sexual abuse investigation) unless the Director grants an extension. The committee chair is responsible for a report outlining the facts and the committee's recommendations.
  - e. Provide copies of all records and tapes of interviews gathered by the committee to the IAA. The Director may choose to send a copy of the summary and recommendations to the person who originally requested the critical incident review and will provide a copy to the appropriate Deputy/Chief Deputy Director. The Deputy/Chief Deputy Director will work with staff to develop an action plan.
  - f. Make the summary, recommendations, and action plan known to the Management Team for a review and to determine the feasibility of the committee's recommendations.
3. Counseling Services after Critical Incidents. ACC will make post-trauma counseling and support available through the State's employee assistance program (contact HRS for details). Supervisors will arrange for and refer employees to the counseling and support services as soon as possible after an incident involving the use or near use of deadly force.
4. Supervisor Communication after Critical Incidents. When a contractor at a residential facility is impacted, the Center Supervisor must ensure these actions

are taken by an ACC employee. When an employee, volunteer or intern is involved in a critical incident, his/her supervisor must do the following:

- a. Ensure required actions are taken in accordance with applicable policies, to include reporting.
  - b. Notify the affected person(s) of any investigation, access, and rights to independent counsel.
  - c. Inform the affected person(s) of the requirement to complete an incident report.
  - d. Inform the affected person(s) that counseling services are available as described in this policy.
  - e. Instruct the affected person(s) to contact the Human Resources Office for information about accessing counseling services, worker's compensation benefits, pay, or insurance questions, or use of sick leave.
5. Critical Incident at a Residential Center. Center Supervisors must ensure a debriefing with designated and impacted staff as soon as possible after a critical incident and conduct a follow-up debriefing two weeks later. At a minimum, debriefings will include the following: (4-ACRS-1C-01-1)
- a. Discussion about what happened, the response and the probable cause.
  - b. Discussion about the impact on staff and residents.
  - c. A review of corrective actions taken and still needed to include needed changes to plans, policy, procedures, checklists, equipment and supplies.
  - d. Plans for improvement to avoid another incident.
  - e. Appropriate documentation of after action debriefings.

#### **IV. ATTACHMENTS.**

AD 14-12 Form 1 Incident or Hazard Report/Witness Statement  
AD 14-12 Form 2 Firearm Activity Report  
AD 14-12 Form 3 Incident or Hazard Report/Witness Statement Continuation Page

#### **V. REFERENCES.**

[“Workers Compensation - First Report of Injury or Illness”](#) (Workers’ Compensation Commission Form 1A-1)

[“Employee’s Notice of Injury”](#) Form (Arkansas Workers’ Compensation Commission Form AR-N)

[“Workers Comp Information Sheet”](#) (Arkansas Insurance Department > [Public Employee Claims Division’s](#) “PECF Form 2)

[“Employee’s Report of Accident”](#) (Arkansas Insurance Department > [Public Employee Claims Division’s](#) > PECD Form 1)

[“Accident / Injury Reporting form”](#) (Arkansas Department of Labor)

**Arkansas Community Correction  
INCIDENT OR HAZARD REPORT/WITNESS STATEMENT**

Name of Person Making Report: \_\_\_\_\_ Control Number: \_\_\_\_\_

Title or Resident Number: \_\_\_\_\_ Office/Area or Shift: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Incident Time: \_\_\_\_\_ Incident Location: \_\_\_\_\_

**PRELIMINARY REPORT**     **FINAL REPORT**    License Plate #: \_\_\_\_\_ Last 4 VIN: \_\_\_\_\_

**INCIDENT TYPE**

- |                                                                                  |                                                                             |                                                |
|----------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Sexual Harassment (allegations, incidents or suspicion) | <input type="checkbox"/> Sexual Abuse (allegations, incidents or suspicion) | <input type="checkbox"/> Non-sexual harassment |
| <input type="checkbox"/> State Vehicle                                           | <input type="checkbox"/> Public Complaint                                   | <input type="checkbox"/> Offender Injury       |
| <input type="checkbox"/> Arrest                                                  | <input type="checkbox"/> Employee Injury                                    | <input type="checkbox"/> Emotional Stress      |
| <input type="checkbox"/> Weapon                                                  | <input type="checkbox"/> Evidence Collected                                 | <input type="checkbox"/> Auto Accident         |
| <input type="checkbox"/> Contraband                                              | <input type="checkbox"/> Cardinal Rule Violation                            | <input type="checkbox"/> Use of Force          |
| <input type="checkbox"/> Property Damage                                         | <input type="checkbox"/> Major Rule Violation                               | <input type="checkbox"/> Substance Abuse       |
| <input type="checkbox"/> Offender Death                                          |                                                                             |                                                |
| <input type="checkbox"/> OTHER (explain): _____                                  |                                                                             |                                                |

**Instructions:** Provide names and identities of others as you know them. If “reasonable suspicion” is the basis for action, document both the “specific objective facts,” and any “reasonable inferences” relied upon to make the judgment. Include a description of what led to the incident, who was present, who was involved, what force was used, and by whom, injuries sustained (if any), and medical assistance offered and provided. Follow other relevant policy guidance.

For allegations, incidents or suspicion of sexual abuse, sexual harassment and non-sexual harassment: 1. Comply with related policies including “Reporting and Investigating Incidents and Hazards” and “Prison Rape Elimination Act (PREA).” 2. Use the Sexual Abuse Checklist when applicable. 3. When ACC staff complete this on behalf of a resident or offender who makes a verbal report; make a note of this on the report and then ask the resident/offender to sign if they agree.

**Offenders Involved & Offender Number**

_____	Offender Name	_____	Offender Number
_____	Offender Name	_____	Offender Number

**Employees Involved**

_____	Employee Name (1)	_____	Employee Name (2)
-------	-------------------	-------	-------------------

**Offenders Present & Offender Number**

_____	Offender Name	_____	Offender Number
_____	Offender Name	_____	Offender Number

**Employees Present**

_____	Employee Name	_____	Employee Title
_____	Employee Name	_____	Employee Title

**OTHERS PRESENT OR INVOLVED. Include Names, Titles, Addresses, as appropriate, if known.**

_____	Name	_____	Title	_____	Address
_____	Name	_____	Title	_____	Address

**Arkansas Community Correction  
INCIDENT OR HAZARD REPORT/WITNESS STATEMENT – PAGE 2**

**Extent of Injury and to Whom** \_\_\_\_\_

**Treatment Rendered and by Whom** \_\_\_\_\_

**INCIDENT STATEMENT OF FACTS.** Describe the situation as you saw it or know it. Do not include opinions, conclusions, or interpretations. Use the continuation page if necessary.

**Disposition (when information is available before submitting this form)** \_\_\_\_\_

**CERTIFICATION**

I hereby certify that the statement hereinbefore is true. I am making this statement freely, under no duress, and without undue coercion exerted on me by an official of Arkansas Community Correction, or any offender.

\_\_\_\_\_  
Name of Person Making Statement (Print)

\_\_\_\_\_  
Signature of Person Making Statement

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Taking Statement (Print)

\_\_\_\_\_  
Signature of Person Taking Statement

\_\_\_\_\_  
Date

Center Supervisor / Area Manager must see any report involving use of force or serious/critical incidents. (4-ACRS-2B-01)  
Either a copy must be sent to the Center Supervisor / Area Manager OR the original. If sending a copy complete the next line:

Copy was sent to Center Supervisor or Area Manager (if required). Sent by (name): \_\_\_\_\_

REVIEWED BY (Name)	POSITION or TITLE	DATE	TIME
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM
_____	_____	_____	<input type="checkbox"/> AM <input type="checkbox"/> PM

Comments

Recommendations

Instructions

**Arkansas Community Correction  
FIREARMS ACTIVITY REPORT**

Employee: \_\_\_\_\_ SSN: \_\_\_\_\_ Office: \_\_\_\_\_

Displayed/Drew  Discharged/used His/her duty firearm on (date): \_\_\_\_\_

at (time):  AM  PM At the following location: \_\_\_\_\_

Firearm description: Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Serial Number: \_\_\_\_\_

Ammunition fired: Type: \_\_\_\_\_ Caliber: \_\_\_\_\_ Number of Shots Fired: \_\_\_\_\_

Direction shots were fired: \_\_\_\_\_

Description of Person(s) or Objects at which the employee discharged/used, drew, or displayed firearm (if a person, give name, race, social security number, date of birth, etc, if available, and distance to target):

When the firearm was discharged, drawn, displayed, or used the person or object was (check one):

standing  sitting  running  barricaded  other (explain): \_\_\_\_\_

When the firearm was discharged, drawn, displayed, or used the employee was (check one):

standing  sitting  running  barricaded  other (explain): \_\_\_\_\_

Results of discharging, drawing, displaying or using the firearm:

ACC Supervisor  Investigator Name: \_\_\_\_\_

Names of Supervisors and Investigators responding to the scene:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Other pertinent information concerning the incident written in narrative form. Include the reason(s) for the use of the firearm. Attach additional sheets as necessary.

---

---

---

---

Reporting Employee's Signature

Date

Supervisor's Signature

Date

Distribution: When required by policy, send to State Police and/or local law enforcement

