

Law Enforcement (Charged, Incarcerated, Arrested) Form

Please complete this form and send electronically (via email when possible) to the County Board as directed.

NAME OF INDIVIDUAL/MUI#:
NAME AND TITLE OF PERSON COMPLETING FORM:
Doug Henning, Investigative Agent
CONTACT INFORMATION OF REPORTER/AGENCY:
937-440-3046/doug.henning@riversidedd.org
DATE AND TIME OF CHARGE/ARREST/INCARCERATION:
DESCRIBE ANY INJURIES TO INDIVIDUAL OR OTHERS:
WHAT LED TO CHARGE/ARREST OR INCARCERATION: Please provide as many details as possible and a timeline of events If staff called Police, please include information
WAS THE INDIVIDUAL REQUIRED TO HAVE SUPERVISION AT TIME OF ARREST? Please describe how the supervision level was met or not met?
WHAT IMMEDIATION ACTIONS WERE TAKEN TO MEET INDIVIDUALS NEEDS WHILE INCARCERATED? Please consider medication, communication, supervision, special diet, adaptive equipment
DISPOSITION OF CHARGE:

CONTACT INFORMATION FOR ARRESTING OFFICER:

INCARCERATION LOCATION

Please include if individual is within the general population?

PROBATION OR PAROLE OFFICER INFORMATION:

CAUSES AND CONTRIBUTING FACTORS:

PREVENTION PLAN FOR THIS LAW ENFORCEMENT:

ANY PREVIOUS LAW ENFORCEMENT HISOTRY? YES OR NO

If yes, please provide summary

Notes:

3-9-14