

## 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: \_\_\_\_\_