

REFERRAL OF INCIDENT

FEDERAL BUREAU OF PRISONS, OFFICE OF INTERNAL AFFAIRS

REFERRAL OF INCIDENT

(In Preparation of Telephonic Report)

DATE OF INCIDENT:

TIME OF INCIDENT:

PLACE INCIDENT OCCURRED:

ALLEGATIONS:

SOURCE OF ALLEGATIONS:

SUBJECT INFORMATION:

FULL NAME:

TITLE:

VICTIM (Inmate) INFORMATION:

FULL NAME:

TITLE/REG. NO.

SUMMARY OF INCIDENT: (Provide brief, but complete summation of incident including names of any witnesses)

Describe any action taken locally prior to OIA referral: Are local, state or federal authorities involved?

NOTE: Please FAX all pertinent information as soon as possible after completion of the telephonic referral. Include all statements, memos, affidavits, medical reports, personnel actions as may apply.

FAX FTS 368-8625 (202) 514-8625

End Form