

REFERRAL OF INCIDENT (INTERNAL AFFAIRS)
(In Preparation of Telephonic Report)

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

Date of Incident		Time of Incident	
Place Incident Occurred			
Allegation(s)			
Source of Allegation(s)			
Subject of Incident's Information:			
Full Name		Title and Grade	
Victim (Inmate) Information (If applicable):			
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?			
Classification 3 Case <input type="checkbox"/> Yes <input type="checkbox"/> No			
Printed Name and Signature of Person Preparing Referral of Incident			
CEO's Printed Name and Signature		Location	Date
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.			

OIA FAX: FTS 368-8628

(202) 514-8625