

JUN 10

**U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS**

**REFERRAL OF INCIDENT FOR CONTRACT EMPLOYEE (INTERNAL AFFAIRS)
(In Preparation of Telephonic Report)**

Date of Incident		Time of Incident	
Place of Incident Occurred:			
Allegation(s)			
Source of Allegation(s)			
Subject of Incident's Information:			
Full Name		Title	
Date of Birth		Social Security No.	
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 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: (202) 514-8625
FTS 368-8625**

**DENVER FIELD OFFICE FAX: (303) 365-4445
TELEPHONE: (303) 365-4400**