

**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
<b>NOTE:</b> 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.			