

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.		

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TELEPHONE: (303) 365-4400