



TEXAS JUVENILE PROBATION COMMISSION
INCIDENT REPORT FORM

Please complete BOTH sides and fax or e-mail this form and any applicable documentation to:
Texas Juvenile Probation Commission, ANE Investigation Unit, at (512) 424-6716
OR abuseneglect@tjpc.state.tx.us

If you have any questions, please contact the Commission at (512) 424-6700.

Form Completed By: Title: County Case ID#:
Phone: () Fax: ()
1st Person of Knowledge: Title:
Date of Incident: Time of Incident:
Was the incident originally reported using the Commission's Call-Line? Yes No Date: Time:

LAW ENFORCEMENT INFORMATION

Law Enforcement Agency:
Person Notified: Incident Number:
Date Notified: Time Notified: Phone: () Fax: ()

ABUSE, NEGLECT, EXPLOITATION OR DEATH
(Check all that apply)

REPORT TO THE COMMISSION & LAW ENFORCEMENT WITHIN 24 HOURS
REPORT TO THE COMMISSION WITHIN 4 HOURS & TO LAW ENFORCEMENT WITHIN 1 HOUR
Emotional Abuse Verbal Abuse Physical Abuse: Restraint Related? Neglect Exploitation
Death Suicide Non-Suicide Sexual Abuse Contact Non-Contact Serious Physical Abuse: Restraint Related? If yes, what type? Mechanical Physical Chemical

SERIOUS INCIDENTS - Report Within 24 Hours
(Check all that apply)

Attempted Suicide: Referred for Mental Health Services? Yes No Youth on Youth Physical Assault
Escape Youth Sexual Conduct
Reportable Injury: Restraint Related? Yes No If yes, what type? Mechanical Physical Chemical

LOCATION OF INCIDENT

(specify ONLY the location in which the incident is alleged to have occurred)

Department/Program/Facility:
County: Administrator:
Address: Phone: () Fax: ()
Pre-Adjudication (Detention) Probation
Post-Adjudication (Secure) JJAEP
Post-Adjudication (Non-Secure) Day Reporting Program

ALLEGED VICTIM/JUVENILE INFORMATION

(A separate form must be completed for EACH alleged victim/juvenile)

Name: Age: DOB: Gender: Race:
PID: Placing County: Height: Weight:
Is juvenile a TYC youth? Yes No TYC #: Current Location of Juvenile: Facility Residence Other (specify location)
Name of Parent/Guardian: Date Notified: Time Notified:
Address (City, State & Zip Code): Phone:

ALLEGED PERPETRATOR(S)/SUBJECT(S) OF INVESTIGATION/STAFF INFORMATION

Name:	Title:	DOB:	Gender:	<input type="checkbox"/> Re-assigned	<input type="checkbox"/> Resigned
				<input type="checkbox"/> Suspended	<input type="checkbox"/> Terminated
Name:	Title:	DOB:	Gender:	<input type="checkbox"/> Re-assigned	<input type="checkbox"/> Resigned
				<input type="checkbox"/> Suspended	<input type="checkbox"/> Terminated
Name:	Title:	DOB:	Gender:	<input type="checkbox"/> Re-assigned	<input type="checkbox"/> Resigned
				<input type="checkbox"/> Suspended	<input type="checkbox"/> Terminated
Name:	Title:	DOB:	Gender:	<input type="checkbox"/> Re-assigned	<input type="checkbox"/> Resigned
				<input type="checkbox"/> Suspended	<input type="checkbox"/> Terminated

DESCRIPTION OF INCIDENT

*(The details of the incident should include **WHO, WHAT, WHEN, WHERE, WHY** and **HOW**, including a description of injuries, if any, and the type of medical treatment provided. Use additional pages if necessary)*

*****Supplementary attachments shall NOT replace the narrative*****

I do hereby attest that the information I provided is true and correct to the best of my knowledge.

PRINT NAME

SIGNATURE

DATE