



State of Tennessee
Department of Correction

TRANSITIONAL HOUSING INCIDENT REPORT

Initial Report Subsequent Report

Date Incident Occurred: _____

Date of this Report: _____

To: _____
 Probation / Parole Officer

Re: _____
 Name of Offender Involved

TOMIS Number

Transitional Housing Program's Address:

 Street City County State Zip Code

Transitional Housing Program's Telephone Number: (_____) _____ E-mail Address: _____

Name of individual in charge at the time of the incident: _____

Please list the names and contact information for all persons involved including witnesses. Provide the TOMIS number of any person involved who is on probation or parole.

Name	TOMIS Number (if applicable)	Telephone Number
_____	_____	(_____) _____
_____	_____	(_____) _____
_____	_____	(_____) _____
_____	_____	(_____) _____

QUESTIONNAIRE

Did anyone involved in the incident require medical attention? Yes No

Person's Name: _____ What is their current condition? _____

Was the person hospitalized? Yes No Where? _____

Was there property damage? Yes No Describe: _____

Was there a physical altercation? Yes No Name of the Aggressor: _____

Was law enforcement called? Yes No Police Station Involved: _____

Name of the Police Officer who came to Scene: _____

Were drugs and / or alcohol involved? Yes No

What type of substance? _____

How do you know drugs were involved?

Name of Offender: _____

TOMIS Number: _____

QUESTIONNAIRE (continued)

Was a weapon involved? Yes No Name of person in possession of weapon: _____

What, if any, behaviors led up to this incident?

What time of day did incident occur? _____ How long did the incident last? _____

What types of responsive actions were taken?

NARRATIVE

Give additional information about all persons involved. Summarize details of the incident and describe responsive action taken.

Attach additional pages if needed.

Signature: _____

Date: _____