

APPENDIX A  
NEW JERSEY JUVENILE JUSTICE COMMISSION  
COMPLIANCE MONITORING UNIT  
INCIDENT REPORT

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Person Completing Form: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Incident (*fire, escape, attempted suicide, etc.*): \_\_\_\_\_

Date and Time of Incident: \_\_\_\_\_

Outside Agencies Involved (*police, fire dept., health dept., etc.*) \_\_\_\_\_

\_\_\_\_\_  
DETAILED DESCRIPTION OF INCIDENT: (attach copies of all internal incident reports; copies of outside agency reports when involved; provide names of all individuals involved, including victims, alleged perpetrators, witnesses, etc. *Use additional pages if necessary.*) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
ADMINISTRATIVE ACTION TAKEN (e.g., hearings scheduled/held; policies or procedures modified; staff disciplined or terminated, etc.) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*\*This form is to be utilized to report incidents such as deaths, all suicide attempts by hanging and all other suicide attempts which require immediate/emergency medical attention. This form should also be used to report escapes, alleged sexual assaults by juveniles or staff, fires, outbreaks of contagious disease, or any other incidents which result in substantial injury to juveniles or staff and require medical attention outside of the facility, or substantial damage to the facility. Deaths, suicide attempts, fires, escapes and serious injuries must be reported as soon as practicable, but no later than within 24 hours of the occurrence. All other incidents must be reported within three working days of occurrence.*

New Jersey Juvenile Justice Commission  
Compliance Monitoring Unit  
PO Box 107  
Trenton, New Jersey 08625-0107  
phone: (609)[530-5200]292-1400  
fax: (609)[530-5039]943-4620