

GEORGIA DEPARTMENT OF CORRECTIONS

USE OF FORCE SUPPLEMENT REPORT

I. Identification:

Facility/Center _____

Offender: _____ GDC Number: _____

II. Officer's Report:

A. Circumstances Leading to Use of Force or Assault by Offender:

Time of Incident: _____ Date of Incident: _____

B. Type and Extent of Forceful Action (Include Equipment Employed, if any):

Less Lethal Weapon Used: _____ Certification Date: _____

C. Complete (if applicable) by staff member if assaulted by offender. Do you feel that the Offender(s) should be considered for criminal prosecution?

Yes No

D. _____
Name Title

Signature Date