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

Retention Schedule: Upon completion, this form shall be retained in the offender’s institutional file and maintained according to the official retention schedule for that file.