



## USE OF FORCE REPORT

Date/Time of Incident Hours	Offender(s) Involved:	DOC Number(s)	Living Unit/Cell
Facility/Location	Employees Involved:		
OC Used? <input type="checkbox"/> Yes. <input type="checkbox"/> No	Other Witnesses:		
Were you Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No			

**DETAILED DESCRIPTION OF INCIDENT**

(Include a summary of the situation leading up to the use of force and your actions taken to mitigate the need to use force. Attach additional sheets, if necessary.)

**DETAILED DESCRIPTION OF OFFENDER RESISTANCE AND FORCE OPTION USED**

(Include the level of resistance displayed by the offender(s) and the exact force option(s) you used to overcome the resistance. Attach additional sheets, if necessary.)

**TO BE COMPLETED BY SHIFT COMMANDER / UNIT SUPERVISOR**

Date/Time Received

IMRS Number

Comments:

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

**The contents of this document may be eligible for public disclosure. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.**