

**ADMINISTRATIVE REVIEW FORM
FOR LAW ENFORCEMENT**
APPENDIX C



MUI Department

Phone (330) 634-8684 | Fax (330) 634-8553

Individual's Name:

Date of Law Enforcement:

Major Unusual Incident Number:

Date Form Initiated:

Name of Person Initiating Form:

Title of Person Initiating Form:

Contact Information for Person Initiating Form:

Provider Name:

PART 1 - TO BE COMPLETED BY THE INDIVIDUAL'S PROVIDER

DESCRIPTION - Describe the incident in detail and the reason used.

HISTORY/ANTECEDENTS - Explain what led to the individual being tased, arrested, charged, or incarcerated. Provide a history of law enforcement involvement.

D40000-007

CRIMINAL CASE INFORMATION

Law Enforcement Entity:

Contact Information for Arresting Officer:

Incarceration Location:

SUPERVISION LEVEL - Did the individual have a supervision requirement? If so, describe the supervision level.

INJURIES/MEDICAL NEEDS - Were there any injuries to the individual or anyone else involved in the law enforcement major unusual incident? Did the individual receive timely medical attention? Are the individual's medical needs (e.g., medications, special diet, or assistive equipment) known and addressed, especially if the individual is incarcerated?

PART 2 - TO BE COMPLETED BY THE INVESTIGATIVE AGENT IN COLLABORATION WITH THE INDIVIDUAL'S TEAM

CAUSES AND CONTRIBUTING FACTORS

Supervision not met
Peer aggression
Peer or other outside influence

D40000-007

Control issues - staff/family/peers
Medication change/refusal
Individual service plan/behavioral support strategy not followed
Domestic dispute
Lack of resources led to shoplifting or theft
Unmet health needs
Substance abuse
Other:

ADMINISTRATIVE REVIEW SUMMARY AND CONCLUSION

PREVENTION PLAN - Describe the prevention plan being implemented to address causes and contributing factors (e.g., environmental change, staff training, medication changes, or level of supervision).

Contact Information for Person Initiating Form:

Date Form Completed: