



## DJJ Event Report

### ERMIS INFORMATION:

| ERMIS Priority Event?<br>(No/Priority 1/Priority 2) | Reported via<br>Phone/Fax | Date<br>Reported | Time<br>Reported | ERMIS Site Reporter's<br>Name | Title | ERMIS<br>NUMBER |
|---|---------------------------|------------------|------------------|-------------------------------|-------|-----------------|
|   |                           |                  |                  |                               |       |                 |
|   |                           |                  |                  |                               |       |                 |

### EVENT INFORMATION:

|  |  |                                 |                        |   |        |        |  |  |
|--|--|---------------------------------|------------------------|---|--------|--------|--|--|
| Date of Event  |  | Time of Event                   |                        | Facility/Office Where Event Occurred                      |        |        |  |  |
|  |  |                                 |                        |   |        |        |  |  |
| Date of This Report  |  | Time of This Report             |                        | Specific Area within Facility Office Where Event Occurred |        |        |  |  |
|  |  |                                 |                        |   |        |        |  |  |
| Name(s) of Juvenile(s) Involved  |  | JJMS#(s)                        | Assigned Facility/Unit | Race  | Gender | Age    | V=Victim<br>P=Perpetrator<br>W=Witness | ** Medical<br>Treatment<br>(See Key)   |
|  |  |                                 |                        |   |        | 1      |  |  |
| Name(s) of Other Person(s)<br>Involved (Not juveniles)   |  | S=Staff V=Volunteer<br>O= Other |                        | Contact Phone #   | Race   | Gender | Age                                    | V=Victim<br>P=Perpetrator<br>W=Witness |
|  |  |                                 |                        |   |        |        |  |  |
| Description of the Event (This section will expand with typing, as necessary or use supplemental report) |  |                                 |                        |   |        |        |  |  |
|  |  |                                 |                        |   |        |        |  |  |
| Evidence, Attached Documents, Other Significant Information  |  |                                 |                        |   |        |        |  |  |
|  |  |                                 |                        |   |        |        |  |  |
| Print Name of Employee<br>Writing This Report  |  |                                 |                        | Title   |        |        |  |  |
| Signature of Person<br>Writing This Report   |  |                                 |                        | Date  |        |        |  |  |
| Signature of Supervisor<br>Reviewing This Report   |  |                                 |                        | Date  |        |        |  |  |

#### \*\* Medical Treatment Information Key

**Serious** = Treated by a Doctor, Nurse Practitioner, or Emergency Medical Technician

**None** = No medical treatment was necessary.

**Minor** = 1<sup>st</sup> Aid Treatment (ice pack, bandaid, ointment, etc.)

**Refused** = Juvenile refused medical treatment (Juvenile signs refusal form with the medical staff)