

**IDAHO DEPARTMENT OF CORRECTION
Safety Concern Form**

Offender Information

Offender's Name: _____

IDOC #: _____

Facility: _____

Concern Information

Initiator's Name: _____

In accordance with standard operating procedure 322.02.01.003, *Holds, Cautions, Concerns, and Considerations: Offender*, I am requesting the following safety concern on the above named offender:

- Offender Conflict
- Self-injurious Behavior or Thoughts
- Staff Conflict (you may need to also submit a Relationship Disclosure Form)

Concern Start Date: _____

Concern End Date: _____

Comments:

When completed, submit this form to the Offender Placement Group (as identified in the Novell GroupWise address book).



Offender Placement Group Use Only

Comments (if needed):

CIS data entry completed by: _____
(Print Name)

Date: _____