## MILWAUKEE COUNTY SHERIFF'S DEPARTMENT DETENTION BUREAU BEHAVIORAL REPORT FORM (15 MIN. WATCH)

(CIRCLE ONE) SUICIDE:	WATCH - RESTRAINT FORM							
DATE:	TIME:							
LAST NAME:	NAME: FIRST NAME:							
EX/RACE: DOB:								
INMATE LOCATION:	CELL NUMBER:							
REASON 15 MINUTE WATCH INITIATED:  IMMINENT THREAT OF PHYSICAL INJURY TO HIM/HERSELF. EXPLAIN:	IMMINENT THREAT OF PHYSICAL INJURY TO OTHERS. EXPLAIN:							
Signature of Sgt. implementing 15 minute watch:								
Signature of deputy submitting incident report:								
Medical Section notified by:	Time:							
Nurses signature upon review:	Time:							
TERMINATION OF	F 15 MINUTE WATCH							
DATE: TIM	ME:							
TERMINATED BY: (Signature):								
Reason for cancellation:								
	W.							

ALL INMATES UNDER SPECIAL SUPERVISION WILL BE MONITORED EVERY FIFTEEN (15) MINUTES!!

ALL DEPUTIES CONDUCTING ROUNDS WILL COMPLETE THE ATTACHED DOCUMENT BY PLACING YOUR NAME AND BADGE NUMBER IN THE APPROPRIATE TIME SLOT.

NO 15 MINUTE WATCH WILL BE IMPLEMENTED WITHOUT AN INCIDENT REPORT BEING SUBMITTED, A COPY OF THE REPORT WILL BE ATTACHED TO THIS FORM.

NOTE: Any significant behavioral problems and/or changes should be documented and the Duty Sgt. and medical section notified. Document this notification on the back on the shift's 15 minute sheet.

THIS FORM SUPERCEDES ALL PREVIOUS BEHAVIORAL REPORT FORMS

Exhibit 17

## **DETENTION SERVICES BUREAU** 15 MINUTE WATCH

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INMAT	ΓΕ ΝΑΜΕ:						 D.O	.B.	/	/	
HOUS	NG LOCA	TION [	S.N., BK,	4D, O	THER]		DA	ΓE	_//		
3 <sup>rd</sup> Shift Lt.			1st Shift Lt.				D.B/				
TIME	OFFICER INITIALS & BADGE#	CODE	INMATE LOCALE	TIME	OFFICER INITIALS & BADGE#		INMATE LOCALE	TIME	OFFICER INITIALS & BADGE#		INMATE LOCALE
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