



Jail Information Program Feedback Form

This portion of the form is to be completed by the administrative section or investigative agency which has received the Jail Information Referral. Once completed, return to the originating jail information referral officer or staff.

For Administrative Staff or Investigative Agency Use:

Information received from (jail name): _____

Information received by (officer and investigative unit): _____

Information utilized by (list investigative or administrative unit): _____

Actions taken based on information referral: _____

Feedback form returned by: _____

Date feedback form returned: _____

This portion of the form is to be completed by jail staff overseeing the jail information referral program.

For Jail Use:

Feedback form received in jail by: _____

Feedback information provided to originating jail staff or officers by: _____