



OFFICIAL - SENSITIVE

USE OF FORCE REVIEW MEETING FORM

Detainee Name:	<b>D191</b>
CID/ HO Ref:	214 2951
G4S Ref number:	109/17
Date of Review	17/7/17
Name of Person Completing Review:	Steve Webb.

Are all of the Use of Force reports present:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is the F213 Medical Form Present:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the documents completed correctly and to an acceptable standard  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Is there CCTV/ BWC/ Camcorder evidence which covers this incident  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Does the incident meet the following criteria?

Reasonable in the circumstances:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Necessary:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No more force than is necessary:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Proportionate to the seriousness of the situation:  Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

The outcome of this review:

Further investigation required:  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Lessons learned and further training:  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Letters of commendation required:  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	No further action required:  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Please add comments below if any concerns have been noted:

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Print Name: Steve WebbGrade: Dom / CTR INSTRUCTORSignature: signatureDate: 17/7/17

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