Officer Request To Review Body-Worn Camera Footage

Officer Printed Name: _____ Date/Time of **Request**: _____

Date/Time of **BWC Recording(s)**: _____

Report Number(s)/Identifier(s)
(e.g. SIR, UOF, ARP, IWIF, IID
number(s)) _____

Purpose of BWC Footage Review
(check one):

	[ ] Request to review BWC footage recorded from my assigned BWC prior to writing a report. Please include report number(s) below:
	[ ] Request to review BWC footage recorded from my assigned BWC in response to an Administrative Remedy Procedure complaint or Inmate Grievance Office case. Please include Case Number below:
	[ ] General request to review BWC footage recorded from my assigned BWC. Please include date and time of the requested BWC footage below:

Officer Printed Name: _____

Officer Signature: _____ Date: _____

Supervisor Printed Name: _____

Supervisor Signature: _____ Date: _____

Date and Time of access: _____

Officer Initial _____ Supervisor Initial _____

Cc: File, Supervisor, Employee