

**TACT DETAINEE VISIT: ICV REPORT FORM**

**VISIT REPORT NO** .....

Day / Date ..... Location .....

Time (24 clock) at Front Desk: ..... In Custody Suite: ..... Visit Started: ..... Visit Ended: .....

Detainees ID: ..... Escorting Officer ID: .....

Male / Female / Juvenile (delete as appropriate) ..... Detainee asleep/with solicitor/doctor (delete as appropriate)

Consent to view custody record Yes / No (delete as appropriate)

**Your comments/observations below:**

<b>1</b>	<b>Rights &amp; Entitlements</b>
<b>2</b>	<b>Health &amp; Welfare</b>
<b>3</b>	<b>Conditions &amp; Facilities</b>
<b>4</b>	<b>Special Needs</b>

**ICV comments on any matters of concern**

**Custody Staff response**

Custody Visitor Declaration: I undertake not to reveal to any unauthorised person information I may obtain during my visit.

ICV1 ..... ICV2 .....