

| INMATE DISCIPLINARY REPORT | | | | REPORT DATE (YYYYMMDD) | |
|--|--|---|--------------|------------------------|-----------------------------|
| 1. INMATE | | | | | |
| a. NAME (Last, First, Middle) | | | b. SSN | | c. ID NUMBER |
| 2. CUSTODY LEVEL | | 3. CELLBLOCK/DORMITORY | | 4. DETAIL | |
| 5. INCIDENT | | | | | |
| a. CHARGES | | b. DATE (YYYYMMDD) | c. TIME | d. LOCATION | |
| e. DETAILS OF CHARGE(S) | | | | | |
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| 6. INCIDENT REPORTED BY | | | | | |
| a. NAME (Last, First, Middle) | | b. GRADE | c. TITLE | d. SIGNATURE | |
| e. DATE (YYYYMMDD) | | | | | |
| 7. INCIDENT REPORTED TO | | | | | |
| a. SUPERVISOR NAME (Last, First, Middle) | | | | b. DATE (YYYYMMDD) | c. TIME |
| d. DISPOSITION TAKEN: | | | | | |
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| | | | | | |
| 8.a. WAS MEDICAL ATTENTION NEEDED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO | | b. DATE (YYYYMMDD) | c. TIME |
| d. DESCRIBE ANY MEDICAL ATTENTION GIVEN: | | | | | |
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| | | | | | |
| 9. INVESTIGATION REQUIRED? | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| 10.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form) | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| b. INMATE WAIVED RIGHTS? (If yes, attach) | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| c. INMATE STATEMENT (If yes, attach statement) | | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A | | | |
| 11.a. INVESTIGATIVE SUMMARY? | | <input type="checkbox"/> YES (Please attach copy of report) | | | <input type="checkbox"/> NO |
| b. BRIEF SYNOPSIS: | | | | | |
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| | | | | | |
| c. NAME AND TITLE OF INVESTIGATOR | | | d. SIGNATURE | | e. DATE (YYYYMMDD) |
| 12. ATTACHMENTS (Use DD Form 2719) | | | | | |

INMATE DISCIPLINARY REPORT

13. INITIAL REVIEWING AUTHORITY DISPOSITION

| | | |
|---|---------------------|---------------------------|
| b. INITIAL REVIEWING AUTHORITY NAME, GRADE AND TITLE | c. SIGNATURE | d. DATE (YYYYMMDD) |
|---|---------------------|---------------------------|

14. RESULTS OF DISCIPLINARY AND ADJUSTMENT BOARD

a. FINDINGS: INMATE DID COMMIT THE OFFENSE REPORTED
 INMATE DID NOT COMMIT THE OFFENSE REPORTED

FINDINGS ARE BASED ON THE FOLLOWING:

b. RECOMMENDATION OF DISCIPLINARY AND ADJUSTMENT BOARD

| | | |
|---|---------------------|---------------------------|
| c. NAME AND TITLE OF BOARD PRESIDENT | d. SIGNATURE | e. DATE (YYYYMMDD) |
|---|---------------------|---------------------------|

15. RECOMMENDATION OF THE REVIEWING OFFICER

| | | |
|---|---------------------|---------------------------|
| b. NAME AND TITLE OF REVIEWING OFFICER | c. SIGNATURE | d. DATE (YYYYMMDD) |
|---|---------------------|---------------------------|

16. ACTION TAKEN BY THE APPROVING AUTHORITY

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|---|---------------------|---------------------------|
| b. NAME AND TITLE OF APPROVING AUTHORITY | c. SIGNATURE | d. DATE (YYYYMMDD) |
|---|---------------------|---------------------------|