

DISCIPLINARY INVESTIGATION SUMMARY

Facility: _____ Disciplinary Report #: _____

Offender's Name: _____ Offender I. D. #: _____

Date/Time Initiated Investigation: _____ a.m.
_____ p.m.
Date Time

1. Offender Statement: _____

2. Other Facts about the Incident (Summarize): _____

3. Staff/Offender Witness Testimony (summarize/attach any additional summaries/statements):

4. Physical Evidence: _____

5. Investigator's Comments and Conclusions: (Based Upon What)

MH/MR Evaluation: ___ Yes ___ No MH/MR Level: _____ Supporting Living Unit ___ Yes ___ No

Recommend Dismissal: _____ Recommend for Disciplinary Hearing: _____

Investigation Completed: _____ Date _____ am / pm

Investigator's Signature: _____

(Reproduce locally)

Retention Schedule: Upon completion, this form shall be placed in the offender's institutional file, except for those overturned or dismissed, and shall be kept according to the official records retention schedule for institutional files.