Disciplinary Investigation Summary

Facility: ___________________________ Disciplinary Report #: ___________________________

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

Date/Time Initiated Investigation: ___________________________ Date _____________ p.m.

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.