

DISCIPLINARY REPORT

INSTITUTION NAME	CODE #	TPM/MAX DATE
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I. Offender: _____
Name: Last, First, M.I.
Security
ID Number

II. Offense Data:

A.	Charge	Code	Plea	Finding	Charge	Code	Plea	Finding
1	_____	_____	_____	_____	4	_____	_____	_____
2	_____	_____	_____	_____	5	_____	_____	_____
3	_____	_____	_____	_____	6	_____	_____	_____

Date	Time of Offense	Signature of Reporting Official
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B. Factual Statement: _____

Reviewed by the appropriate supervisor: _____
Signature
M/o./day/year

C. Charges served on accused: _____
Mo./day/year/time
Signature of Serving Official

III. Investigative Report:
 A. Summary of Investigation: _____

B. _____
Title
Signature
Mo./day/year

C. Advocate's Name: _____

IV. Hearing Officer's Recommendation:
 Greatest _____ High _____ Moderate _____ Low _____
Signature
Mo./day/year

V. Disposition of Disciplinary Hearing:
 A. Justification for Findings: _____

B. Action Recommended: _____

C. TPM Extension: _____ Isolation: _____

D. Offender advised of his/her right to appeal: _____
Yes
No

Signature of Disciplinary Hearing Officer	Time of Hearing	Mo/Day/Year
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VI. Reviewing Officer: _____
Signature
Title
Mo/Day/Year