

PRISONER DISCIPLINARY REPORT/ACTION					REPORT DATE (YYYYMMDD)	
1. PRISONER						
a. NAME (Last, First, Middle)			b. REGISTRATION NUMBER			
2. CUSTODY LEVEL	3. HOUSING UNIT/DORM	4. CELL BLOCK	5. DETAIL	6. CELL #/BUNK #		
7. INCIDENT						
a. RULES VIOLATION						

b. DATE (YYYYMMDD)		c. TIME		d. LOCATION		
e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.)						

8. INCIDENT REPORTED BY						
a. NAME (Last, First, Middle)		b. GRADE	c. TITLE	d. SIGNATURE	e. DATE (YYYYMMDD)	f. TIME
9. INCIDENT REPORTED TO						
a. SUPERVISOR NAME (Last, First, Middle)			b. DATE (YYYYMMDD)	c. TIME		
d. DISPOSITION TAKEN:						

10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	b. DATE (YYYYMMDD)	c. TIME
d. DESCRIBE ANY MEDICAL ATTENTION GIVEN:						

11. INVESTIGATION REQUIRED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
12.a. ADVISEMENT OF RIGHTS GIVEN? <i>(If yes, attach original rights acknowledgment form)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
b. PRISONER WAIVED RIGHTS? <i>(If yes, see attachment)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
c. PRISONER STATEMENT <i>(If yes, attach statement)</i>		<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
13.a. INVESTIGATIVE SUMMARY?		<input type="checkbox"/> YES <i>(Please attach copy of report)</i>		<input type="checkbox"/> NO		
b. BRIEF SYNOPSIS:						

c. NAME AND TITLE OF INVESTIGATOR			d. SIGNATURE	e. DATE (YYYYMMDD)		
14. ATTACHMENTS (Use DD Form 2719)						

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15.a. INITIAL REVIEWING AUTHORITY DISPOSITION

b. INITIAL REVIEWING AUTHORITY NAME, GRADE AND TITLE	c. SIGNATURE	d. DATE (YYYYMMDD)
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16. RESULTS OF DISCIPLINARY AND ADJUSTMENT BOARD

a. FINDINGS: PRISONER DID COMMIT THE OFFENSE REPORTED PRISONER DID NOT COMMIT THE OFFENSE REPORTED
FINDINGS ARE BASED ON THE FOLLOWING:

b. RECOMMENDATION OF DISCIPLINARY AND ADJUSTMENT BOARD

c. APPEAL RIGHTS EXPLAINED TO PRISONER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. NAME AND TITLE OF BOARD PRESIDENT	e. SIGNATURE	f. DATE (YYYYMMDD)

17.a. RECOMMENDATION OF THE REVIEWING OFFICER

b. NAME AND TITLE OF REVIEWING OFFICER	c. SIGNATURE	d. DATE (YYYYMMDD)
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18.a. ACTION TAKEN BY THE APPROVING AUTHORITY

b. NAME AND TITLE OF APPROVING OFFICER	c. SIGNATURE	d. DATE (YYYYMMDD)
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19.a. ACTION TAKEN BY THE APPEAL AUTHORITY

b. NAME AND TITLE OF APPEAL AUTHORITY	c. SIGNATURE	d. DATE (YYYYMMDD)
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