

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)					
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:					
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:					
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:					
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

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