



INVESTIGATION REPORT

Assigned to _____

Due date _____

Today's date _____

Assigned by _____

Date _____

Time _____

Place/area incident occurred _____

Date of incident _____

Time of incident _____

Type of incident _____

Individual(s) involved	DOC number	Statement

SUMMARY OF WITNESS STATEMENT(S)

EVIDENCE/OTHER FACTS
(e.g., injuries, medical response, property damage, video/photographs, supplemental information)

LIST ANY ATTACHMENTS

ANALYSIS AND CONCLUSIONS

DISCIPLINARY ACTION

Not indicated Notice of violation # _____ Date issued: _____
 Other: _____

Employee/Contract staff _____

Title/Position _____

Signature _____

Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Investigations and Intelligence Unit **COPY** - Administrative Segregation Hearing Officer