Department of Corrections
WASHINGTON STATE

# ADMINISTRATIVE SEGREGATION REFERRAL

☐ **DISCLOSABLE** ☐ **NON-DISCLOSABLE**

Name | DOC number | Facility | Date

Reason for segregation: ☐ Administrative ☐ Protective ☐ Disciplinary

Date placed in segregation

Be as specific as possible. Include: **1)** reasons/incident(s) leading to placement (e.g., infractions, behavioral incidents, observation report, incident reports, past administrative segregation placements), **2)** specific reasons for continuing placement, and **3)** where incidents occurred.

Submitted by | Signature | Position | Date

Superintendent/designee review | 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 00-03, RCW 42.56, and RCW 40.14.**

**WHITE** - Ad Seg. Hearing Officer **CANARY** - Superintendent **PINK** - Imaging file **GOLDENROD** - Individual