INFRACTION REVIEW CHECKLIST

Name

DOC #

WAC #

Incident date

INFRACTION AUTHOR COMPLETES

Yes No N/A

□ □ □ Examine the infraction to ensure that each field is filled in properly and written legibly.

□ □ □ Ensure the offender’s name and DOC number are recorded correctly.

□ □ □ Read the infraction report narrative and ensure the following elements are included:  

□ □ □ Ensure the infraction violation(s) at the top of the report correspond with the written
information and are appropriate for the incident.

OTE: The reviewer may 1) require that the report be revised, re-written, or re-investigated
by the reporting individual to ensure the alleged facts support the charges, or 2) add,
discard, delete, or reduce the indicated WAC violations, as appropriate, based upon the
information and/or evidence provided by the reporting individual and any mitigating factors.

□ □ □ Ensure the report is detailed and factual, without assumptions or what the reporting
individual “thinks” may have happened.

□ □ □ Ensure alleged victims, if any, of the incident are recorded and accurately documented.

□ □ □ Other supplemental information.

□ □ □ Ensure the report includes supporting documentation if the incident included:
□ Injuries □ Medical response □ Witnesses □ Property damage
□ If witnesses, DOC 05-094 Witness Statement and/or DOC 21-917 Incident Report

□ □ □ Ensure all evidence has been collected, secured, and logged properly per policy and
facility procedures. Did you document:
□ Photos/videos (do not provide to offenders)
□ Evidence taken: Case # assigned _____ Locker # _____ or disposition if no locker: _____

Infraction author __________________________ Signature __________________________ Date __________

INFRACTION REVIEW OFFICER COMPLETES

Placed in pre-hearing confinement or Administrative Segregation?  □ Yes, Date: ______________

□ Confidential information reviewed per facility procedures and DOC 470.150 Confidential Offender
Information. Confidential information does not go in the review packet.

□ Infraction narrative contains a summary of confidential information.

□ Infraction narrative indicates the infraction is based on an investigation (e.g., upon conclusion of
investigation), if applicable.

□ An investigation is required, including completion of DOC 02-077 Investigation Report. Investigation
assigned to: Name on Date at Time.

□ This infraction report has been reviewed and is being returned for the following reason(s): ______

□ Infraction Author must promptly resubmit the infraction report with the corrected/appropriate information,
including this Infraction Review Checklist.

□ DOC 17-076 Initial Serious Infraction Report, including any attachments, is complete.

□ Send the infraction report and any supporting documents (and e-mail the electronic copy of the infraction)
to the Hearing Clerk or designated facility employee.

Infraction Review Officer __________________________ 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

Distribution: ORIGINAL - Hearing Officer

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