



INITIAL SERIOUS INFRACTION REPORT

Name _____ DOC number _____ Facility/housing assignment _____

Infraction date _____ Incident date _____ Incident time _____ Incident place _____

Rule violations _____

Witnesses _____

NARRATIVE

State a concise description of the rule violations (e.g., injuries, property damage, use of force) answering the questions when, where, who, what, why, and how. Attach all related reports. (Reentry Center individuals may submit written comments to their case manager)

Evidence: Yes No Evidence case number: _____ Locker number: _____

Description of evidence: _____

Related reports attached: Supplemental/Incident Report(s) Medical
 Other: Specify _____

Administrative Segregation Date: _____

Recommended sanctions: _____

ALLEGED VICTIMS

Name(s): _____

Employee/contract staff Volunteer/visitor/other Individual DOC # _____

Name(s): _____

Employee/contract staff Volunteer/visitor/other Individual DOC # _____

APPROVALS

Reporting employee/contract staff _____ Signature _____ Shift/days off _____

Infraction Reviewer _____ 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.

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