



**RAPID REENTRY
MAJOR INFRACTION REPORT**

Name DOC number Date

EMPLOYEE REPORT

Infraction date Incident date Incident time Incident place

Rule violation(s) Witnesses

Details in full:

Reporting employee name Signature Date

PARTICIPANT COMMENTS *(Optional)*

Version or reason for the behavior:

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.

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