



SERIOUS INFRACTION REPORT

Infraction Group Number: _____

Name _____ DOC number _____ Facility _____

EMPLOYEE REPORT

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

WAC violation(s) _____ Witnesses _____

Details in full: _____

Infraction author _____ Signature _____ Date _____

FACT FINDING DURING HEARING

Individual informed of right to remain silent? Yes No Date of hearing: _____

PLEA: List each WAC violation separately

Guilty: _____

Not guilty: _____

No plea: _____

Did the individual make a statement after being informed of their rights? Yes No If yes, what? _____

DECISION

FINDING: List each WAC violation separately

Guilty: _____

Not guilty: _____

Dismissed: _____

Reduced: _____

Facts and evidence found: _____

Sanction(s): _____

Reason(s) for sanction(s): _____

Non-sanction recommendation(s): _____

Hearing Officer _____ Signature _____ Date _____

SUPERINTENDENT/DESIGNEE REVIEW

- Affirming the decision and/or sanction(s).
- Affirming the decision and reducing the sanction(s) as follows:
- Dismissing/modifying downward the decision and sanction(s) as follows:
- Reversing/vacating the decision.
- Remanding the matter for a new hearing. You will be notified of the new hearing date.

Superintendent/designee _____ 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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