



# MAXIMUM CUSTODY INTENSIVE MANAGEMENT (IMU) LEVEL REVIEW

Last name/First name: \_\_\_\_\_ DOC number: \_\_\_\_\_

Date placed on Max custody: \_\_\_\_\_

Attached reports: (at least one)

- Behavior observation(s) documented in electronic file
- DOC 17-076 Initial Serious Infraction Report
- Other

Level Review Committee

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Recommendation

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**IMU SUPERVISOR LEVEL DECISION**

- |          |                            |                            |   |
|----------|----------------------------|----------------------------|---|
| Promote  | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 (Transition Pod) |
| Maintain | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3                  |
| Suspend  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3                  |
| Demote   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3                  |

Comments

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May re-apply on \_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
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** - Incarcerated Individual

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