



INVESTIGATION REPORT

Assigned to _____

Due date _____

Today's date _____

Assigned by _____

Date _____

Time _____

Place/area incident occurred _____

Date of incident _____

Time of incident _____

Type of incident _____

Individual(s) Involved	DOC Number	Statement

Summary Of Witness Statement(s)

Evidence/Other Facts
(e.g., injuries, medical response, property damage, video/photographs, supplemental information)

List any Attachments

Analysis and Conclusions

Disciplinary Action

Not indicated Notice of violation # _____ Date issued: _____
 Other: _____

Employee/Contract Staff

Title/Position

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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