



INFRACTION REVIEW CHECKLIST

IMRS number: _____

 Name DOC number WAC number(s) Incident date

INFRACTION AUTHOR COMPLETES

- | Yes | No | N/A | | Reviewer |
|---|--------------------------|--------------------------|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Examine the infraction to ensure that each field is filled in properly and written legibly. | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure the individual's name and DOC number are recorded correctly. | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Read the infraction report narrative and ensure the following elements are included:
<i>Who? What? Where? When? Why? How?</i> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure the infraction violation(s) at the top of the report correspond with the written information <i>and</i> are appropriate for the incident. | <input type="checkbox"/> |
| <p>NOTE: The reviewer may 1) require that the report be revised, re-written, or re-investigated by the reporting person to ensure the alleged facts support the charges, or 2) add, dismiss, delete, or reduce the indicated WAC violations, as appropriate, based upon the information and/or evidence provided by the reporting person and any mitigating factors.</p> | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure the report is detailed and factual, without assumptions or what the reporting person "thinks" may have happened. | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure alleged victims, if any, of the incident are recorded and accurately documented. | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other supplemental information. | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure the report includes supporting documentation if the incident included: | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Injuries <input type="checkbox"/> Medical response <input type="checkbox"/> Property damage | |
| | | | <input type="checkbox"/> DOC 21-917 Incident Report(s) | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ensure all evidence has been collected, secured, and logged properly per policy and facility procedures. Did you document: | <input type="checkbox"/> |
| | | | <input type="checkbox"/> Photos/videos (do not provide to individuals) | |
| | | | <input type="checkbox"/> Evidence taken: Case # assigned _____ Locker # _____ or disposition if no locker: _____ | |

 Infraction author Signature Date

INFRACTION REVIEW OFFICER COMPLETES

- Placed on Administrative Segregation? Yes, Date: _____
- Confidential information reviewed per facility procedures and DOC 470.150 Confidential Offender Information. **Confidential information does not go in the review packet.**
- Infraction narrative contains a summary of confidential information.
- Infraction narrative indicates the infraction is based on an investigation (e.g., upon conclusion of investigation), if applicable.
- This infraction report has been reviewed and is being returned for the following reason(s):

- Infraction author must promptly resubmit the infraction report with the corrected/appropriate information, including this Infraction Review Checklist.
- DOC 17-076 Initial Serious Infraction Report, including any attachments, is complete.
- Send the infraction report and any supporting documents (and e-mail the electronic copy of the infraction) to the Hearing Clerk or designated facility employee.

 Infraction Review Officer 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

Distribution: **ORIGINAL** - Hearing Officer