



INITIAL SERIOUS INFRACTION REPORT

Name _____ DOC number _____ Facility/housing assignment _____

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

Rule violations _____

Witnesses _____

NARRATIVE

State a concise description of the rule violations (e.g., injuries, property damage, use of force) answering the questions when, where, who, what, why, and how. Attach all related reports. (Work/Training Release individuals may submit written comments to their case manager)

Evidence: Yes No Evidence case number: _____ Locker number: _____

Description of evidence: _____

Related reports attached: Supplemental Medical Witness statements

Other: Specify _____ Photo(s)/video: Yes No

Individual placed in: Pre-Hearing confinement Administrative Segregation Date: _____

Recommended sanctions: _____

ALLEGED VICTIMS

Name(s): _____

Employee/contract staff Volunteer/visitor/other Individual DOC # _____

Name(s): _____

Employee/contract staff Volunteer/visitor/other Individual DOC # _____

APPROVALS

Reporting employee/contract staff _____ Signature _____ Shift/days off _____

Infraction Reviewer _____ 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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