PARTIAL CONFINEMENT
SERIOUS INFRACTION REPORT

EMPLOYEE/CONTRACT STAFF REPORT

Name: _____ DOC number: _____ Date: _____

Rule(s) violated: _____ Time: _____

DESCRIPTION OF VIOLATION BEHAVIOR

Include details such as who, when, where, what

_____

_____

_____

_____

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_____

_____

_____

_____

Witnesses: _____

_____ _____ _____

Name Signature Date

INCARCERATED INDIVIDUALS COMMENTS - OPTIONAL

_____

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_____ _____

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. Upon completion, the data classification category may change.

Distribution: **ORIGINAL** - Partial confinement file **COPY** - Incarcerated individual, Hearing file