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|  | **STATE OF ALASKA****DEPARTMENT OF CORRECTIONS** |  |

 **Incident Report Form**

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| **Prisoner Full Name:** | **Offender #** | **DOB:** | **Institution:** | **Date of Incident** | **Time** |
|       |       |       |       |       |       |

Circle Course of Action (to be determined by the Assistant Superintendent): **Disciplinary Information**

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| **Infraction Citation & Title: 22 AAC 05.400**         |
| **NARRATIVE:**       EOR or CONTINUED (circle one) |
|      Reporting Staff Name | Signature: | Date:  | Time:  |
|      Supervisor’s Name | Signature: | Date:  | Time:  |
| Copy of Report to Prisoner Issued by:  (print & sign) |  | Date:  | Time:  |
| Disposition: Punitive Sanctions: Loss of Activity:Restitution: Loss of Statutory Good Time: |
| Chairperson or Resolution Officer:  |
| Member: | Member: |

On matters referred to the Disciplinary Committee / Hearing Officer as a result of this report, see the Written Report relative to this incident.

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| **Final Copy to Prisoner:** |
| Date / Time:  | Staff Name & Signature:  |