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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: |