

STATEMENT OF MISCONDUCT OR INCIDENT INVOLVING PRISONERS

OFFENSE		
NAMES OF PRISONERS	TIME	DATE
	PLACE	
	SPECIFIC VIOLATION	
DETAILS		
WITNESSES		
Name	Duty Assignment	Signature
Name	Duty Assignment	Signature
INDIVIDUAL SUBMITTING STATEMENT		
Name	Grade	Signature
RECOMMENDATIONS OF THE ASSISTANT CORRECTIONAL OFFICER		
Name	Date	Signature
Recommendations		
BELOW RESERVED FOR CONFINEMENT OFFICER		
Action taken by Confinement Officer (AR 190-47, Paragraphs 9-3 and 9-4.		
Imposed		
Date	Name & Grade	Signature