

# OKLAHOMA DEPARTMENT OF CORRECTIONS OFFENSE REPORT

Name of Facility \_\_\_\_\_ Facility Computer Code \_\_\_\_\_

## Section I

Inmate Name: \_\_\_\_\_ ODOC#: \_\_\_\_\_ Date of Offense: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Offense: \_\_\_\_\_ Housing Assignment: \_\_\_\_\_

Offense: (5-ACI-3C-08, b#1, b#2) \_\_\_\_\_ Offense Computer Code: \_\_\_\_\_

Class of Offense: \_\_\_\_\_

Description of Incident (to include any unusual inmate behavior): (5-ACI-3C-08, b#3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff or Inmate Witness (if any) (5-ACI-3C-08, b#4) \_\_\_\_\_

Disposition of Physical Evidence (if any) (5-ACI-3C-08, b#5) \_\_\_\_\_  
\_\_\_\_\_

Immediate Action Taken (to include the use of force and prehearing detention) (5-ACI-3C-08, b#6) \_\_\_\_\_

Printed Name and Title of Reporting Employee (5-ACI-3C-08, b#7) \_\_\_\_\_ Signature of Reporting Employee \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

## Section II

To be reviewed within 24 hours from the time the violation is reported.
<input type="checkbox"/> Informal Resolution
<input type="checkbox"/> Dismissed
Name _____
Title _____
Date ____ / ____ / ____ Time: _____
Within 24 hours of affirming a rule violation has occurred:
<input type="checkbox"/> Referred for investigation

## Section III Inmate should initial appropriate response

I have received a copy of the written charge against me. I realize that I have a right to remain silent.

I plead guilty and waive my right to an appeal.

I plead not guilty.

I plead not guilty and waive my right to 24 hours preparation time.

Inmate's Signature \_\_\_\_\_ ODOC # \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

Inmate chose not to sign for a copy of the offense report at this time.

Offense Report Delivered to above inmate by (Print and Sign)  
(5-ACI-3C-11, 5-ACI-3C-13)

Date Delivered \_\_\_\_\_

Time Delivered \_\_\_\_\_

ORIGINAL: Commitment Document Folder

FIRST COPY: Field File

SECOND COPY: Inmate

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