

# DISCIPLINARY COORDINATOR'S REPORT

Investigating Officer (Print): \_\_\_\_\_ Date referred for investigation: \_\_\_\_\_

Inmate Name and ODOC#: \_\_\_\_\_ Date investigation completed: \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Code: \_\_\_\_\_ Date of Offense: \_\_\_\_\_

Statement of inmate regarding offense: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate wishes to call witness/witnesses  Inmate does not wish to present witness

Name: \_\_\_\_\_ Can testify to: \_\_\_\_\_

Name: \_\_\_\_\_ Can testify to: \_\_\_\_\_

- |    | YES                      | NO                       | (One box should be checked for each statement)   |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Inmate provided documentary evidence to investigator. If yes, state evidence.  |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Statement(s) provided by witness/es attached (or document refusal to provide information).   |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Discretionary action taken regarding witness testimony. Documentation/ justification attached.   |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Inmate has received photocopy/description of all evidence.   |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Written confidential witness testimony/evidence taken (not provided to inmate).  |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | A staff representative will ONLY be appointed if inmate meets criteria specified in OP-060125 Section III. item A. Assignment of a staff representative is warranted. If so, assigned representative is: _____ |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Inmate requested documentary evidence. If yes, state evidence: _____<br>_____ If denied, state reason for denial: _____  |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | CRC attached (front and back side) – not provided to the inmate  |

Additional facts discovered by investigator not in incident reports, evidence, and/or witness statements: \_\_\_\_\_  
\_\_\_\_\_

Disciplinary hearings will normally be scheduled on a docket, which will commence within seven (7) days from the date the disciplinary hearing officer receives the offense report from the disciplinary coordinator. Disciplinary dispositions for Class A and B offenses will be completed within seven (7) days.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Date of  
Hearing/Disposition

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Time and Location of  
Hearing/Disposition

\_\_\_\_\_  
Signature of Disciplinary  
Coordinator

I acknowledge receipt of this report, all attachments, and the contents therein. (5-ACI-3C-13)

\_\_\_\_\_  
Inmate's Signature Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Original: Commitment Document Folder  
First Copy: Field File  
Second Copy: Inmate