

## FACILITY MISCONDUCT REPORT RECORD

\_\_\_\_\_  
FACILITY HEAD SIGNATURE

\_\_\_\_\_  
MONTH

\_\_\_\_\_  
YEAR

\_\_\_\_\_  
FACILITY CODE

\_\_\_\_\_  
FACILITY NAME

TAPE NO.	ODO C NO.	NAME (LAST, FIRST)	OFFENSE CODE	DATE OF OFFENSE	PLEA	HEARING DATE	DISCIPLINARY COMMITTEE ACTION									LOCAL APPEAL RESULTS														
							FINDING	1st	AMT	SUS	2nd	AMT	SUS	3rd	AMT	SUS	APPEAL	1st	RESULT	2nd	RESULT	3rd	RESULT							

A. PLEA  
0-NOT GUILTY  
1-GUILTY  
2-INFORMAL RESOLUTION

B. FINDING  
0-NOT GUILTY  
1-GUILTY

C. APPEAL  
0-NO

D. SANCTIONS IMPOSED  
1-YES (See OPs for the digit code)  
S-SUSPENDED

E. AMOUNT  
ENTER AMOUNT OF SANCTION  
IMPOSED (i.e. enter the number  
of days that are imposed)

F. LOCAL APPEAL RIGHTS  
1-AFFIRMED  
2-MODIFY  
3-DISMISSED  
4-SUSPENDED

ORIGINAL: Director of Institutions or designee  
COPIES: Evaluation and Analysis Unit  
Facility File