

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(es)

Inmate does not wish to call witness(es)

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 statement). |
| 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: _____
_____ 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

DOC 060125B (R 10/23)