FACILITY MISCONDUCT REPORT RECORD

FACILITY HEAD SIGNATURE _____ MONTH _____ YEAR _____ FACILITY CODE _____ FACILITY NAME _____

							DISCIPLINARY COMMITTEE ACTION										LOCAL APPEAL RESULTS						
TAPE NO.	DOC NO.	NAME (LAST, FIRST)	OFFENSE CODE	DATE OF OFFENSE	PLEA	HEARING DATE	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: Deputy Director
COPIES: Evaluation and Analysis Unit
Facility File