

# 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)