

PRISONER DISCIPLINARY REPORT/ACTION					REPORT DATE (YYYYMMDD)
PRIVACY ADVISORY					
Disclosure of this information is voluntary and will be used to record information about rules violations by a prisoner, a summary of any related investigation, findings, and disposition. For additional information, see System of Records Notice, A0190-47 DAPM-ACC, "Army Corrections System and Parole Board Records," NM01650-1, "Individual Confinement Records," and F031 AF SF A, "Correction and Rehabilitation Records" published at https://dpclid.defense.gov/Privacy/SORNs/ . When completed, this form contains personally identifiable information and is protected by the Privacy Act of 1974, as amended.					
1. PRISONER					
a. NAME (Last, First, Middle)				b. REGISTRATION NUMBER	
2. CUSTODY LEVEL		3. HOUSING UNIT/DORM		4. CELL BLOCK	5. DETAIL
					6. CELL #/BUNK #
7. INCIDENT					
a. VIOLATION(S)					
b. DATE (YYYYMMDD)		c. TIME		d. LOCATION	
e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued on Page 3.)					
8. INCIDENT REPORTED BY					
a. NAME (Last, First, Middle)		b. GRADE	c. TITLE		d. SIGNATURE
					e. DATE (YYYYMMDD)
f. TIME					
9. INCIDENT REPORTED TO					
a. SUPERVISOR NAME (Last, First, Middle)				b. DATE (YYYYMMDD)	c. TIME
d. DISPOSITION TAKEN:					
10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? <input type="checkbox"/> YES <input type="checkbox"/> NO				b. DATE (YYYYMMDD)	c. TIME
d. DESCRIBE ANY MEDICAL ATTENTION GIVEN:					
11. INVESTIGATION REQUIRED?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
b. PRISONER WAIVED RIGHTS? (If yes, see attachment)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
c. PRISONER STATEMENT (If yes, attach statement)		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	
13.a. INVESTIGATIVE SUMMARY?		<input type="checkbox"/> YES (Please attach copy of report)		<input type="checkbox"/> NO	
b. BRIEF SYNOPSIS:					
c. NAME AND TITLE OF INVESTIGATOR			d. SIGNATURE		e. DATE (YYYYMMDD)
14. ATTACHMENTS (Use DD Form 2719)					

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15.a. INITIAL REVIEWING AUTHORITY DISPOSITION

b. INITIAL REVIEWING AUTHORITY NAME, GRADE AND TITLE

c. SIGNATURE

d. DATE (YYYYMMDD)

16. RESULTS OF DISCIPLINARY AND ADJUSTMENT BOARD

a. FINDINGS: PRISONER DID COMMIT THE OFFENSE REPORTED PRISONER DID NOT COMMIT THE OFFENSE REPORTED

FINDINGS ARE BASED ON THE FOLLOWING:

b. RECOMMENDATION OF DISCIPLINARY AND ADJUSTMENT BOARD

c. APPEAL RIGHTS EXPLAINED TO PRISONER:

 YES NO

d. NAME AND TITLE OF BOARD PRESIDENT

e. SIGNATURE

f. DATE (YYYYMMDD)

17.a. RECOMMENDATION OF THE REVIEWING OFFICER

b. NAME AND TITLE OF REVIEWING OFFICER

c. SIGNATURE

d. DATE (YYYYMMDD)

18.a. ACTION TAKEN BY THE APPROVING AUTHORITY

b. NAME AND TITLE OF APPROVING OFFICER

c. SIGNATURE

d. DATE (YYYYMMDD)

19.a. ACTION TAKEN BY THE APPEAL AUTHORITY

b. NAME AND TITLE OF APPEAL AUTHORITY

c. SIGNATURE

d. DATE (YYYYMMDD)

e. DETAILS OF CHARGE(S) *(Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued from Page 1.)*