

.....INCIDENT REPORT (CCC'S)

Part I - Incident

1. Name of CCC:

2. Name of Offender	3. Register Number	4. Date of Incident	5. Time
6. Place of Incident	7. Component	8. Type of Offender	
9. Incident			10. Code

11. Description of Incident (Date _____ Time _____ staff became aware of incident)

12. Signature of Reporting Employee	Date and Time	13. Name and Title (Printed)
14. Incident Report Delivered to Above Offender by	15. Date Incident Report Delivered	16. Time Incident Report Delivered

(Continued below)

Part II - CDC Action

17. Comments of Inmate to CDC Regarding Above Incident

18. A. It Is The Finding Of The CDC That You:

_____ Committed the following Prohibited Act.

_____ Do not commit a Prohibited Act.

B. _____ The CDC is referring the charge(s) to the DHO
For further hearing.

C. _____ The CDC advised the offender of its finding
and of the right to file an appeal within 20 calendar days

19. Committee Decision Is Based On The Following Information

20. Comments Action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act)

21. Date and time of action _____ (The CDC Chairperson's signature next to name certifies who sat on the UDC that the completed report accurately reflects the CDC proceedings.)

Chairperson (Type Name/signature)

Member (Type Name)

Member (Type Name)

Part III - Investigation

23. Offender advised of right to remain silent: You are advised of your right to remain silent at all stages of the disciplinary process but are informed that your silence may be used to draw an adverse inference against you at any stage of the institutional disciplinary process. You are also informed that your silence alone may not be used to support a finding that you have committed a Prohibited Act.

The Offender was advised of the above right by _____ At (Date/time) _____

24. Offender Statement and Attitude

25. Other Facts About the Incident, Statement Of Those Person Present At Scene, Disposition Of Evidence, Etc.

26. Investigator's Comments and Conclusions

27. Action Taken

Date and Time Investigation Completed _____

Printed Name/signature Of Investigator _____

Signature

Title