

### Incarcerated Individual Discipline Level 4/5 Sanction & EI Review Request

**Today's Date:**

<b>Incarcerated Individual Name:</b>	<b>OID:</b>
<b>Discipline Staff:</b>	<b>Facility:</b> Select A Facility

*In compliance with policy 303.010(B)(4) review is being sought to charge the above incarcerated individual with a severity Level 4 or Level 5 discipline rule violation.*

**Incarcerated Individual Discipline Rule Violation (Check all that apply):**

<b>LEVEL 4</b> Select Circumstance: None <b>SEG 60-180   EI 0-270</b>	<b>LEVEL 5</b> Select Circumstance: None <b>SEG 180-360 EI 0-720</b>
<input type="checkbox"/> 330 Arson (RCV)	<input type="checkbox"/> 341 Sexual Abuse of Incarcerated Individual (RCV)
<input type="checkbox"/> 413 Assault of Staff with Weapon (RCV)	<input type="checkbox"/> 430 Holding Hostage (RCV)
<input type="checkbox"/> 414 Assault of Incarcerated Individual with Weapon (RCV)	<input type="checkbox"/> 440 Homicide (RCV)
<input type="checkbox"/> 420 Riot (RCV)	<input type="checkbox"/> 444 Assault of Staff with Bodily Fluids and Significant Exposure (RCV)
<input type="checkbox"/> 439 Escape from Secure Custody (RCV)	<input type="checkbox"/> 450 Assault with Significant Bodily Harm of Staff (RCV)
<input type="checkbox"/> 441 Assault with Bodily Harm of Staff (RCV)	<input type="checkbox"/> 460 Assault with Significant Bodily Harm of Incarcerated Individual (RCV)
<input type="checkbox"/> 442 Assault with Bodily Harm of Incarcerated Individual (RCV)	<input type="checkbox"/> 490 Sexual Abuse/Contact of Staff (RCV)

**Requested Disciplinary Segregation Sanction:**

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**Requested Extended Incarceration Sanction:**

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**Level 4 or Level 5 Violation Sanction Reviewed**

<b>Facility AWA:</b>	<b>Signature and Date:</b>
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**Level 4 or Level 5 Violation Sanction Reviewed**

<b>Facility Warden (EI of 31-75 days):</b>	<b>Signature and Date:</b>
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**EI 75+ Days Review:**

<b>Deputy. Commissioner:</b>	<b>Signature and Date:</b>
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**Summary of the incident with all evidence to support the charge:**

<b>Items Included in Review Request</b>	
<input type="checkbox"/>	Incarcerated Individual Discipline History Report
<input type="checkbox"/>	Notice of Violation
<input type="checkbox"/>	Incident Reports
<input type="checkbox"/>	Mental Health Screening for SDMP – (301.088B if applicable)

**Analysis of Violation Sanction:**