Minnesota Department of Corrections

Restrictive Housing Informal Sanctions

Incarcerated Person: _____ OID#: _____ Room: _____

Reporting Staff: _____ Date: _____

Due to one or more of the following rule violations, you will receive the designated informal sanction for the period of time indicated below:

Behavior	Informal Sanction
___ Throwing Food or Tray	_____
___ Misuse of Radio (where applicable)	_____
___ Failure to Report to Cell and/or Secure Cell	_____
___ Verbal Abuse, Disorderly Conduct	_____
___ Abuse of Phone Privilege	_____
___ Misuse of Duress Button	_____
___ Abuse of Mattress/Bedding	_____
___ Other (Specify)	_____

Brief description of incident: _____

_____

_____

Informal Sanction in force effect through: _____
Date

_____ _____
Lieutenant/Supervisor Signature Date

_____
Printed Name