State of Montana
DEPARTMENT OF CORRECTIONS
MISCONDUCT MANDATORY REPORTING
(This form is for internal Department staff use only)

Date of Report: ______________________

Date of Alleged Incident: ______________________ Time of Incident: ______________________

Place of Incident: ______________________ Persons Involved: ______________________

____________________________________________________________________________________

Summary of Incident:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Reporting Staff (print name): ______________________ Title: ______________________

Signature: ______________________ Date: ______________________

* Reports of misconduct by or toward any offender under the care, custody or supervision of the Department of Corrections must be immediately submitted to the appropriate administrator, facility Human Resource office, or the Department’s Human Resource Bureau.

** Misconduct complaints, including all information and documents pertinent to the complaint, will be handled with sensitivity and the appropriate level of confidentiality.