



REPORT OF CONDUCT

State Form 39590 (R5 / 2-19)
INDIANA DEPARTMENT OF CORRECTION

Case number
Date assigned (month, day, year)

INSTRUCTIONS: Type or Print clearly.

NOTE TO REPORTING EMPLOYEE: This report is to be filled out in triplicate. All copies shall be forwarded to the screening officer, in accordance with the Disciplinary Code for Adult Offenders.

Name of offender		DOC number of offender		Facility	Housing unit
Date of incident (month, day, year)	Time of incident	<input type="checkbox"/> AM <input type="checkbox"/> PM	Place of incident		Date report written (month, day, year)
Offense					Code number

DESCRIPTION OF INCIDENT (If more space is needed, attach additional sheets in triplicate.)

Identify the conduct violation that was committed. Describe the conduct violation in detail. Be sure to identify everyone involved in the conduct violation and all witnesses to the conduct violation. Explain in detail what you observed and how the offender's conduct amounts to a violation of the Adult Disciplinary Code. Note any unusual behavior by the offender, if applicable.

If the conduct report is for a violation of B202, B231, or C305, describe the characteristics of the substance that led you to believe the substance was a controlled substance or tobacco, or describe the characteristics / behaviors that led you to believe the offender was under the influence of intoxicants.

Disposition of physical evidence, if any			
Witness(es), if any			
Signature of reporting employee	Name and title (please print)	Screening officer	
Signature of immediate supervisor	Name and title (please print)	Date (month, day, year)	Time <input type="checkbox"/> AM <input type="checkbox"/> PM

FOR SCREENING OFFICERS ONLY

Copy of report delivered to offender by:	Date report delivered (month, day, year)
Signature of offender receiving copy	

DISTRIBUTION: Original - Offender; Copy - Central Office; Copy - Facility Packet