REPORT OF/OR RECOMMENDATION FOR DISCIPLINARY ACTION

TO: **Installation Commander**	INSTALLATION	DATE

☐ REPORT IS SUBMITTED OF DISCIPLINARY ACTION TAKEN IN THE CASE OF THE FOLLOWING PRISONER

☐ RECOMMEND DISCIPLINARY ACTION IN THE CASE OF THE FOLLOWING PRISONER FOR THE REASONS STATED

LAST NAME - FIRST NAME - MIDDLE INITIAL	GRADE	SVC NO./SSAN	ORGANIZATION

DEPT OF MILITARY SERVICE	STATUS ☐ OFFICER ☐ DETAINED ☐ ADJUDGED ☐ SENTENCED	CUSTODY CLASSIFICATION ☐ MINIMUM ☐ MEDIUM ☐ MAXIMUM

OFFENSE *(Describe in detail giving date, violation, name of participants or witnesses)*

DISCIPLINARY ACTION *(Describe, show date and duration)* ☐ IMPOSED ☐ RECOMMENDED

IT IS RECOMMENDED THAT _____ DAYS OF ACCRUED GOOD CONDUCT TIME BE FORFEITED

NUMBER OF PREVIOUS OFFENSES DURING CURRENT CONFINEMENT	SIGNATURE OF CONFINEMENT OFFICER
	NAME AND GRADE *(Printed or Typed)*

1ST IND

HEADQUARTERS, *(Date)*

TO: Confinement Officer

THE DISCIPLINARY ACTION RECOMMENDED ABOVE IS ☐ APPROVED ☐ DISAPPROVED

FOR THE COMMANDER

NAME, GRADE, AND TITLE *(Printed or Typed)*	SIGNATURE OF AUTHENTICATING OFFICER