



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.*