

# State of Vermont Department of Corrections Administrative Segregation Placement Report



## Part I - Completed by Reporting Officer

Facility: _____  Docket number: _____  Inmate name: _____  DOB: _____ PID # _____  Living assignment: _____  Reason for Placement on Administrative Segregation: _____  Evidence: _____	Date/Time of incident: _____  Location of incident: _____  <input type="checkbox"/> Check if the witness(es) is/are confidential. If so, do not list.  Witnesses: _____  _____  _____
Signature of Reporting Officer: _____	Delivered by: _____  Initials & Date/Time of delivery: _____

## Part II - Completed by Shift Supervisor

Date segregated: \_\_\_\_\_

Notice of Hearing must be delivered within three (3) business days, the hearing held within four (4) business days.

Is the inmate SFI?  Yes  No If Yes, refer inmate to a QMHP for assessment before hearing is held.

Name of QMHP performing assessment: \_\_\_\_\_

If SFI and moved to segregation, were contraindications checked before being moved?  Yes  No

Did a Physician approve this housing?  Yes  No Name of approving Physician: \_\_\_\_\_

Supervisor signature: \_\_\_\_\_ Employee assigned as Investigator: \_\_\_\_\_

## Part III - Completed by Investigating Officer

Did you interview confidential informants? <input type="radio"/> Yes <input type="radio"/> No  Did you interview relevant witnesses? <input type="radio"/> Yes <input type="radio"/> No  Briefly explain: _____  Did you compile available documentary evidence and statements of witnesses? <input type="radio"/> Yes <input type="radio"/> No  Briefly explain: _____	If Yes, see <i>Confidential Informant Form</i> for guidance.  Did you interview the inmate? <input type="radio"/> Yes <input type="radio"/> No  Briefly explain: _____  Investigating Officer's recommendation: <input type="checkbox"/> Refer for resolution <input type="checkbox"/> Do not refer for resolution  <input type="checkbox"/> Modify violation to: _____  Investigating Officer's signature: _____
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Note: If the inmate is SFI by evidence of Part II, an assessment report by the QMHP must accompany this form to the Hearing Officer prior to the hearing.