PRINACY ADVISORY Disclosure of this information is voluntary and will be used to record firmation about right systems by a prisoner, a summary of any related investigation, increasing and inspectation. The decident increases and inspectation in the principle of	PRISONER DISCIPLINARY REPORT/ACTION								RI	REPORT DATE (YYYYMMDD)	
a. NAME (Last, First, Middle)  2. CUSTODY LEVEL  3. HOUSING UNIT/DORM  4. CELL BLOCK  5. DETAIL  6. CELL #/BUNK #  7. INCIDENT  a. VIOLATION(S)  b. DATE (YYYYMMDD)  c. TIME  d. LOCATION  e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued on Page 3.)  8. INCIDENT REPORTED BY  a. NAME (Last, First, Middle)  b. GRADE  c. TITLE  d. SIGNATURE  e. DATE (YYYYMMDD)  c. TIME  9. INCIDENT REPORTED TO  a. SUPERVISOR NAME (Last, First, Middle)  d. DATE (YYYYMMDD)  c. TIME  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED?  10.a. WAS IMMEDIATE MEDICAL ATTENTION REPORTS  11. INVESTIGATION REQUIRED?  12. ADVISEMENT OF RIGHTS GIVEN? (If yes, said or higher lights acknowledgment form)  b. PRISONER WAIVED RIGHTS? (If yes, see attachment)  VES  NO  NA  LOCATION  6. CELL #/BUNK #  6. CELL #  6. CATHER  6. CELL #  6. CELL #  6. CELL #  6. CELL #  6. CELL #	Disclosure of this information is findings, and disposition. For Records," NM01650-1, "Individed Privacy/SORNs/. When complete the comp	s voluntary and will be use additional information, see ual Confinement Records eted, this form contains pe	ed to reco e System s," and F0 ersonally	PRIVA ord information of Records 31 AF SF identifiable	ACY ADVISOR tion about rule s Notice, A019 A, "Correction information a	Y s violations 0-47 DAPN and Rehab nd is protec	by 1-AC oilitat cted	a prisoner, a summa C, "Army Correction ion Records" publish by the Privacy Act of	ry of a s Sys ned at f 1974	any related investigation tem and Parole Board thttps://dpcld.defense.go 4, as amended.	ı, <u>ov/</u>
2. CUSTODY LEVEL 3. HOUSING UNIT/DORM 4. CELL BLOCK 5. DETAIL 6. CELL #/BUNK #  7. INCIDENT a. VIOLATION(S)  b. DATE (YYYYMMDD) c. TIME d. LOCATION e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued on Page 3.)  8. INCIDENT REPORTED BY a. NAME (Last, First, Middle) b. GRADE c. TITLE d. SIGNATURE e. DATE (YYYYMMDD) f. TIME  9. INCIDENT REPORTED TO a. SUPERVISOR NAME (Last, First, Middle) b. DATE (YYYYMMDD) c. TIME  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? YES NO b. DATE (YYYYMMDD) c. TIME  11. INVESTIGATION REQUIRED?  11. INVESTIGATION REQUIRED?  12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form) YES NO NA b. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO NA c. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO NA c. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO NA c. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO NA c. PRISONER STATEMENT (If yes, attach statement) YES NO NA  PESSONER TATEMENT (If yes, attach statement) YES NO NA c. PRISONER STATEMENT (If yes, attach statement) YES NO NA  PESSONER TATEMENT (If yes, attach statement) YES NO NA  PESSONER TATEMENT (If yes, attach statement) YES NO NA  PESSONER TATEMENT (If yes, attach statement) YES NO NA  PESSONER TATEMENT (If yes, attach statement) YES NO NA  PESSONER TATEMENT (If yes, attach statement) YES NO NO NA											
7. INCIDENT a. VIOLATION(S)  b. DATE (YYYYMMDD) c. TIME d. LOCATION e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued on Page 3.)  8. INCIDENT REPORTED BY a. NAME (Last, First, Middle) b. GRADE c. TITLE d. SIGNATURE e. DATE (YYYYMMDD) f. TIME  9. INCIDENT REPORTED TO a. SUPERVISOR NAME (Last, First, Middle) b. DATE (YYYYMMDD) c. TIME  d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? YES NO D. DATE (YYYYMMDD) c. TIME  11. INVESTIGATION REQUIRED? YES NO N/A 12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, sate attachment) YES NO N/A c. PRISONER WAIVE RIGHTS? (If yes, see attachment) YES NO N/A 2.a. INVESTIGATION ESTIMANDAY?									b. F	REGISTRATION NUMBE	ĒR
a. VIOLATION(S)  b. DATE (YYYYMMDD)	2. CUSTODY LEVEL	3. HOUSING UNIT/E	OORM		4. CELL BLO	СК	5. [	DETAIL	6. 0	CELL #/BUNK #	
b. DATE (YYYYMMDD) c. TIME d. LOCATION  e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued on Page 3.)  8. INCIDENT REPORTED BY a. NAME (Last, First, Middle) b. GRADE c. TITLE d. SIGNATURE e. DATE (YYYYMMDD) f. TIME  9. INCIDENT REPORTED TO a. SUPERVISOR NAME (Last, First, Middle) d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? The properties of the pr	7. INCIDENT										
e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued on Page 3.)  8. INCIDENT REPORTED BY a. NAME (Last, First, Middle) b. GRADE c. TITLE d. SIGNATURE e. DATE (YYYYMMDD) f. TIME  9. INCIDENT REPORTED TO a. SUPERVISOR NAME (Last, First, Middle) d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? TO DESCRIBE ANY MEDICAL ATTENTION GIVEN:  11. INVESTIGATION REQUIRED? 12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form) b. PRISONER WAIVED RIGHTS' (If yes, see attachment) YES NO NA C. PRISONER WAIVED RIGHTS' (If yes, seatachment) YES NO NA NA C. PRISONER STATEMENT (If yes, attach statement) YES NO NA NA NO	a. VIOLATION(S)										
8. INCIDENT REPORTED BY a. NAME (Last, First, Middle) b. GRADE c. TITLE d. SIGNATURE e. DATE (YYYYMMDD) f. TIME  9. INCIDENT REPORTED TO a. SUPERVISOR NAME (Last, First, Middle) d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? JESCRIBE ANY MEDICAL ATTENTION GIVEN:  11. INVESTIGATION REQUIRED? 12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form) b. PRISONER WANTED RIGHTS? (If yes, see attachment) c. PRISONER STATEMENT (If yes, attach statement) YES NO NA NA C. PRISONER STATEMENT (If yes, attach statement) YES NO NO NA VES NO NO NA VES NO NO NA VES NO NA NA C. PRISONER STATEMENT (If yes, attach statement) YES NO NO NA VES NO NA VES NO NO NA VES NA V	b. DATE (YYYYMMDD) c. TIME				d. LOCATION						
a. NAME (Last, First, Middle)  b. GRADE  c. TITLE  d. SIGNATURE  e. DATE (YYYYMMDD)  f. TIME  9. INCIDENT REPORTED TO  a. SUPERVISOR NAME (Last, First, Middle)  d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED?  JESSON DO DATE (YYYYMMDD)  JESSON DATE (YYYYYMMDD)  JESSON DATE (YYYYYMMDD)  JESSON DATE (YYYYYMMDD)  JESSON DATE (YYYYYMDD)  JESSON DATE (YYYYYMMDD)  JESSON D	e. DETAILS OF CHARGE(S) (	Include evidence (if any),	use of fo	rce, list sta	ff witness(es),	and action	take	en.) (Continued on P	age 3	3.)	
a. NAME (Last, First, Middle)  b. GRADE  c. TITLE  d. SIGNATURE  e. DATE (YYYYMMDD)  f. TIME  9. INCIDENT REPORTED TO  a. SUPERVISOR NAME (Last, First, Middle)  d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED?  JESSON DO DATE (YYYYMMDD)  JESSON DATE (YYYYYMMDD)  JESSON DATE (YYYYYMMDD)  JESSON DATE (YYYYYMMDD)  JESSON DATE (YYYYYMDD)  JESSON DATE (YYYYYMMDD)  JESSON D	INCIDENT DEDODTED BY										
a. SUPERVISOR NAME (Last, First, Middle)  d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? YES NO DATE (YYYYMMDD) C. TIME  11. INVESTIGATION REQUIRED? YES NO N/A  12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form) YES NO N/A  12. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO N/A  13. INVESTIGATIVE SUMMARY?		b. GRADE	c. TITLE			d. SIGNA	TUF	RE			
d. DISPOSITION TAKEN:  10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? YES NO D. DATE (YYYYMMDD) C. TIME  11. INVESTIGATION REQUIRED? YES NO N/A  12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form) YES NO N/A  b. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO N/A  c. PRISONER STATEMENT (If yes, attach statement) YES NO N/A  13.a. INVESTIGATIVE SUMMARY?	9. INCIDENT REPORTED TO										
10.a. WAS IMMEDIATE MEDICAL ATTENTION NEEDED? YES NO b. DATE (YYYYMMDD) c. TIME  d. DESCRIBE ANY MEDICAL ATTENTION GIVEN:  11. INVESTIGATION REQUIRED? YES NO N/A  12.a. ADVISEMENT OF RIGHTS GIVEN? YES NO N/A  b. PRISONER WAIVED RIGHTS? (If yes, see attachment) YES NO N/A  c. PRISONER STATEMENT (If yes, attach statement) YES NO N/A  13.a. INVESTIGATIVE SIMMADY?	a. SUPERVISOR NAME (Last,	First, Middle)					b. [	DATE (YYYYMMDD)	)	c. TIME	
d. DESCRIBE ANY MEDICAL ATTENTION GIVEN:  11. INVESTIGATION REQUIRED?  12. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form)  b. PRISONER WAIVED RIGHTS? (If yes, see attachment)  c. PRISONER STATEMENT (If yes, attach statement)  13. A INVESTIGATIVE SUMMARY?	d. DISPOSITION TAKEN:										
11. INVESTIGATION REQUIRED?  12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form)  b. PRISONER WAIVED RIGHTS? (If yes, see attachment)  c. PRISONER STATEMENT (If yes, attach statement)  YES  NO  N/A  VES  NO  N/A  YES  NO  N/A	10.a. WAS IMMEDIATE MED	ICAL ATTENTION NEED	ED?	YES	NO	)	b. [	DATE (YYYYMMDD)	)	c. TIME	
12.a. ADVISEMENT OF RIGHTS GIVEN? (If yes, attach original rights acknowledgment form)  b. PRISONER WAIVED RIGHTS? (If yes, see attachment)  c. PRISONER STATEMENT (If yes, attach statement)  YES  NO  N/A  N/A  13.2 INVESTIGATIVE SUMMARY?	d. DESCRIBE ANY MEDICAL	ATTENTION GIVEN:					I				
(If yes, attach original rights acknowledgment form)  b. PRISONER WAIVED RIGHTS? (If yes, see attachment)  c. PRISONER STATEMENT (If yes, attach statement)  YES  NO  N/A  N/A  NO  N/A  13 a INVESTIGATIVE SUMMARY?	11. INVESTIGATION REQUIR	ED?		YES	NO	)		N/A			
b. PRISONER WAIVED RIGHTS? (If yes, see attachment)  c. PRISONER STATEMENT (If yes, attach statement)  YES  NO  N/A  13 a INVESTIGATIVE SUMMARY?			, [	YES		)		N/A			
13.2 INIVESTIGATIVE SHIMMADY?				YES	NC	)		N/A			
	c. PRISONER STATEMEN	Γ (If yes, attach statement	t)	YES	NO	)		N/A			
	13.a. INVESTIGATIVE SUMM	ARY?			e attach copy (	of report)		NO			
b. BRIEF SYNOPSIS:  c. NAME AND TITLE OF INVESTIGATOR  d. SIGNATURE  e. DATE (YYYYMMDD)		STIGATOR			d. SIGN/	<b>ATURE</b>				e. DATE (YYYYMMDI	D)
14. ATTACHMENTS (Use DD Form 2719)	14. ATTACHMENTS (Use DD	Form 2719)									

CUI (when filled in)

**DD FORM 2714, NOV 2022** 

Page 1 of 3

## CUI (when filled in)

PRISONER	DISCIPLIN	IARY REPORT/AC	CTION	
15.a. INITIAL REVIEWING AUTHORITY DISPOSITION				
b. INITIAL REVIEWING AUTHORITY NAME, GRADE AND TITLE	<u> </u>	c. SIGNATURE		d. DATE (YYYYMMDD)
16. RESULTS OF DISCIPLINARY AND ADJUSTMENT BOARD				
a. FINDINGS: PRISONER DID COMMIT THE OFFENSE R FINDINGS ARE BASED ON THE FOLLOWING:	EPORTED	PRISONER DID I	NOT COMMIT THE OFFEN	SE REPORTED
b. RECOMMENDATION OF DISCIPLINARY AND ADJUSTMENT	ΓBOARD			
c. APPEAL RIGHTS EXPLAINED TO PRISONER:	YES	NO		
d. NAME AND TITLE OF BOARD PRESIDENT		e. SIGNATURE		f. DATE (YYYYMMDD)
17.a. RECOMMENDATION OF THE REVIEWING OFFICER				
b. NAME AND TITLE OF REVIEWING OFFICER		c. SIGNATURE		d. DATE (YYYYMMDD)
18.a. ACTION TAKEN BY THE APPROVING AUTHORITY		1		
b. NAME AND TITLE OF APPROVING OFFICER		c. SIGNATURE		d. DATE (YYYYMMDD)
19.a. ACTION TAKEN BY THE APPEAL AUTHORITY				
b. NAME AND TITLE OF APPEAL AUTHORITY		c. SIGNATURE		d. DATE (YYYYMMDD)

DD FORM 2714, NOV 2022 PREVIOUS EDITION IS OBSOLETE.

## CUI (when filled in)

e. DETAILS OF CHARGE(S) (Include evidence (if any), use of force, list staff witness(es), and action taken.) (Continued from Page 1.)	
DD FORM 0744, NOV 0000	Dama 2 of 2

**DD FORM 2714, NOV 2022**PREVIOUS EDITION IS OBSOLETE.