

STATE OF NEW YORK – DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION  
 AND THE OFFICE OF MENTAL HEALTH

\_\_\_\_\_ Correctional Facility

**INMATE INFORMATIONAL REPORT**

NAME OF INMATE (Last, First)		DIN	HOUSING LOCATION
LOCATION		DATE	TIME
TYPE OF BEHAVIOR POSITIVE BEHAVIOR <input type="checkbox"/> NEGATIVE BEHAVIOR <input type="checkbox"/> OTHER BEHAVIOR <input type="checkbox"/>			
DESCRIPTION OF BEHAVIOR:			
REPORT DATE:	REPORTED BY:	SIGNATURE:	TITLE:

----- BELOW TO BE COMPLETED BY TREATMENT TEAM/CAR PROGRAM REVIEW COMMITTEE -----

DATE TREATMENT TEAM/CAR PROGRAM REVIEW COMMITTEE MET:		
ACTION TAKEN BY TREATMENT TEAM/CAR PROGRAM REVIEW COMMITTEE:		
DATE ACTION TAKEN:	DATE REVIEWED WITH INMATE:	REVIEWED BY: STAFF SIGNATURE / TITLE:
SIGNATURES OF TREATMENT TEAM/CAR PROGRAM REVIEW COMMITTEE:		