



Oregon Department of Corrections
Inmate Conflict Report

Inmate Self Report: Y or N Inmate Name: _____ SID: _____
Staff Report: Y or N Staff name: _____

Name of Inmate Conflict: _____ **SID:** _____
Inmate Conflict's AKA: _____
Conflict's Location: _____ **Conflict's Race:** _____
Conflict's Age: _____ **Gang related incident:** Y N

Describe the reason for the conflict and be as specific as possible. Attach all documentation to support conflict. Reference case #s if applicable.

Is the conflict court ordered? Yes (attach court document) No
Signature _____
Print Name _____ Signature _____

PREA Related Conflict: Yes No

Conflict Investigator – Name: _____ **Institution:** _____

Recommendation: Approve conflict Conflict denied & why:

Investigator Signature: _____ Date: _____
Print Name _____

Conflict Approver - Name: _____ **Institution:** _____
Approve Conflict: **Conflict Denied:**

Approver Signature: _____ Date: _____
Print Name _____

Corrections Information System entry date: _____ **OISC – DO NOT PURGE**