



Department of Corrections
AIC Conflict Report

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

Name of AIC Conflict: _____ SID: _____
AIC 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