

MARYLAND DIVISION OF CORRECTION

**Administrative Segregation Investigative Report**

Inmate: \_\_\_\_\_ DOC #: \_\_\_\_\_

Date of Placement: \_\_\_\_\_ Time of Placement: \_\_\_\_\_

**Reason for Investigation:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Inmate's Claim:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons Contacted:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Findings:** \_\_\_\_\_  
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**Recommendations:** \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Investigator Date