

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER

Inmate Management Plan Policy Violation

Date: _____ Time: _____ Number of Guards: _____

Detention Facility: _____

Location of Facility: _____ Phone Number: _____

Officer Name: _____ Badge Number: _____

Clinic of Appointment: _____

Reported by: _____

Comments:

Thank you for your assistance in reporting this violation. Please do not hesitate to call the following offices if you should have questions. Please forward this completed form via campus mail to:

El Paso: Pilar Sanchez (915) 215-4470
