**DOC Offender Complaint Form:**

**(Please complete this form as fully as possible.)**

**Your Contact Information:**

Your full name:

Your Supervising Probation / Parole / EM Office Or CRC:

Your mailing address:

Home phone: Cell phone: Message phone:

E-mail address: Preferred contact method:

**Complaint Information:**

Date of occurrence: Time of occurrence:

Location of occurrence:

Complaint concerning (check all that apply):  DOC Employee  DOC Operations  DOC Policies

Other:

Name of your supervising Probation / Parole Officer:

Have you tried to resolve this complaint informally?  Yes (See below.)  No

If “Yes”, who did you speak to informally:

Resolution desired following your complaint:

**Name(s) Of Employee(s) Involved (*if name not known, use Details section for further description*):**

Name: In Uniform: Y / N Badge/ Employee #: Sex: Race:

Name: In Uniform: Y / N Badge/ Employee #: Sex: Race:

Name: In Uniform: Y / N Badge/ Employee #: Sex: Race:

**Name(s) Of Witness(es) Present At The Time Of Occurrence (if applicable):**

Name: Address: Phone:

Name: Address: Phone:

**Please Provide The Details Of Your Complaint Below:**

**(Continue On A Separate Sheet If Necessary.)**

Printed Name: Signature: Date:

A review of your complaint will be conducted by a Chief Probation Officer (CPO), Probation Officer IV (PO IV) or equivalent manager. You will receive a written response to your complaint at the address you provided on page 1.

|  |
| --- |
| Please return this completed form to your supervising **Probation / Parole Officer**, your local **Probation / Parole Office**, or alternatively you may mail the form to:  **State Of Alaska**  **Division Of Probation & Parole**  **550 West 7th Avenue, Suite 1800,**  **Anchorage, AK 99501.** |