**DOC Offender Complaint Resolution Form:**

**Complainant Contact Information:**

Full name:

Full mailing address:

Home phone: Cell phone: Message phone:

E-mail address: Preferred contact method:

**Original Complaint Information:**

Date of occurrence: Location of Occurrence:

Name of supervising Probation / Parole Officer:

Resolution desired by complainant:

**Proposed Resolution To Original Complaint:**

Complaint is: [ ]  Upheld [ ]  Denied

Finding of facts:

Proposed resolution, if complaint upheld:

(Resolution report may be attached separately if preferred. Report must be listed in **attachments** below.)

Attachments, if any:

Resolving Supervisor Signature: Date:

Resolving Supervisor Printed Name: Job Title:

Resolving Supervisor Office Address:

Resolving Supervisor Phone #: Resolving Supervisor Fax #:

**Notice To Complainant:**

Per Department of Corrections policy, you now have **ten** (**10**) **calendar days from the date you were notified of this complaint resolution** in order to file an **appeal** to your original complaint.

If no appeal is received within ten (10) calendar days, it will be assumed you have accepted the above decision regarding your complaint and any proposed resolution will be put in to place.

**If you wish to file an appeal, please complete and return the included *DOC Offender Complaint Appeal Form* within ten (10) calendar days to the Resolving Supervisor identified above.**

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| --- |
| **Notification Certification:**I certify that on this date: \_\_\_\_\_\_\_\_\_, I provided a copy of this complaint resolution / appeal resolution form to the complainant identified on page 1, and notified them via: [ ]  Certified mail [ ]  E-mail [ ]  Telephone (Follow-up with mailed copy.)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name & Signature: Date: |

**Distribution:** Copy: Offender File. Copy: Admin Assistant, Director’s Office.