**DOC Offender Complaint Appeal Form:**

**(Complainant, please complete all of page 1.)**

**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:

Original resolution desired:

**Appeal Details:** Notification date of original appeal:

Name of Supervisor who decided original complaint:

Reason for appeal:

New resolution requested, if different from original resolution requested:

**Supervisor Appeal Recommendation:**

Appeal should be: [ ]  Granted [ ]  Denied

Comments:

Supervisor Signature: Date:

Supervisor Printed Name:

**Chief Probation Officer, PO IV or Pretrial Supervisor Appeal Decision:**

Appeal is: [ ]  Granted [ ]  Denied

Comments:

CPO, PO IV or Pretrial Supervisor Signature: Date:

CPO, PO IV or Pretrial Supervisor Printed Name:

|  |
| --- |
| **Notification Certification:**I certify that on this date: \_\_\_\_\_\_\_\_\_, I provided a copy of this complaint appeal form and resolution 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.