**Request For Interview Form:**

**SECURITY – White MEDICAL - Yellow**

**(NOTE: Do not use for medical emergencies!)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Printed Name: | | |  | | Institution: | |  | | | |
| Offender #: | | |  | | Mod / Quad: | |  | | Date: |  |
| DOB: | | |  | How long has the problem existed? | | | |  | | |
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| To: |  | | | | | | | | | |
| Request: | |  | | | | | | | | |
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|  | | | | | | Prisoner Signature: | | | | |

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| Action Taken: |  | | |
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|  | | | |
| Employee Signature: | | Employee Printed Name: | Date: |

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| Final Action Taken: |  | | |
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|  | | | |
| Employee Signature: | | Employee Printed Name: | Date: |

Check here if response to prisoner was made verbally:  **(Not allowed for Medical RFIs.)**

Instructions: Request must be specific and state the action being requested (i.e., interview, hearing, etc.).

Requests are to be responded to within a reasonable time frame after receipt.

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| **Distribution:** | **Security RFI:** | **Medical RFI:** |
|  | Original to prisoner case record. | Original scanned in to EHR and then to medical records. |
|  | Copy to Prisoner. (Unless response was made verbally.) | Copy to prisoner. |