

# RESOLUTION REQUEST LOG ID NUMBER:

WASHINGTON STATE	Facility/office received	Date/time received
Check one: <u>Include Log ID number for appeal or rewrite</u>		1
☐ Initial ☐ Health Services ☐ Emergency ☐ App	peal Rewrite	
Last name First	Middle initial	DOC number
Facility/office	Unit/cell	
Location	Date of incident	Time
Witness name(s) and DOC number (if relevant):		
Who (names) and/or what (policy, procedures, or practice) are you submitting your concern about?		
Provide a short description of what happened and how it affected you:		
Suggested remedy:		
Signature (Required):	Date:	
Resolution Specialist Response		
☐ Formal concern/appeal paperwork is being prepared ☐ Request is not accepted per the Resolution Program Manual ☐ You requested to withdraw the concern ☐ Additional information and/or rewrite needed. Return by: ☐ No rewrite received. Resolution Specialist withdrawal on:	☐ Admini	pondence istratively withdrawn al resolution attempt
Sent to on F	Received from	on
Comments:		

#### **TIMEFRAME**

Resolution Requests must be filed within <u>30 days</u> of the incident. Appeals must be filed within <u>10 business</u> <u>days</u> from the response date. You <u>must</u> include the log ID number on your rewrite and/or response appeal.

### **COMMUNITY SUPERVISION**

Submit the completed form to the Community Corrections Supervisor or mail to:

**Department of Corrections** 

Attn: Resolution Program Manager

PO Box 41129

Olympia WA 98504-1129

# **ACCEPTED AND NOT ACCEPTED RESOLUTION REQUESTS**

See Resolution Program Manual

# **EMERGENCY RESOLUTION REQUEST PROCEDURES**

Emergency Resolution Requests are those that involve a potentially serious threat to the life or health of an individual under the Department's jurisdiction or an employee/contract staff/volunteer, related to severe pain being suffered by the individual, or that involve a potential threat to the orderly operation of a facility, and that its resolution would be too late if handled through routine administrative or resolution channels.

Emergency Resolution Requests **MUST BE GIVEN** directly to an employee/contract staff. If you place the form in the box, it will not get processed until the next scheduled pick up day and it will not be considered an Emergency Resolution Request.

**NOTE:** An Emergency Resolution Request is not required for an individual to claim a medical emergency.

#### **COMPLETING THE FORM**

The request <u>must</u> be a simple, straight-forward statement of concern and fit entirely in the allotted space on this form. While the Washington Administrative Code (WAC) can be referenced, legal language must not be used and citations of the Revised Code of Washington (RCW) provisions or case law are inappropriate. The request will be returned to be rewritten if legal language is used.

The individual may suggest a remedy, but it is not required.

The individual <u>must sign and date</u> the form. A signature is required on the initial request or appeal unless the individual does not know how to write or is physically unable to write. If a signature is not on the original request, it will not be processed and the request will be returned to the individual to sign.

The Resolution Request must:

- Identify the specific incident/action that occurred
- Identify the specific written policy or procedure
- Identify the lack of a specific written policy or procedure
- Identify a local practice or application of a policy or procedure which the individual believes is not in compliance with policy
- Name of all individuals involved
- Date and approximate time of incident
- Location of incident

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: WHITE/ORIGINAL - Submit Initial, Appeal, Rewrite to box/mail PINK/COPY - Requester retains Emergency Resolution Requests directly to employee/contract staff