**REPORT OF CONTACT/RELATIONSHIP**

Employees, contract staff, and volunteers will report significant or ongoing contact/relationships per DOC 850.030 Relationships/Contact with Individuals.

Name Department position/title Employee # (if applicable)

Facility/location(s) Office

Contact was made with one of the following:

[ ]  Individual under the Department’s jurisdiction [ ]  Known immediate family/associate

[ ]  Individual who has been discharged within the last 6 months

Name:       DOC number (if applicable):

Description of contact/relationship:

Date of contact:       Duration:       Location:

Future contact anticipated? [ ]  No [ ]  Yes, explain:

Signature Date

|  |
| --- |
| **SUPERVISOR REVIEW** |

Contact was [ ]  Not significant [ ]  Significant

Comments:

      

Supervisor name and title Signature Date

|  |
| --- |
| **APPOINTING AUTHORITY REVIEW** |

Comments:

      

Appointing Authority name and title Signature Date

**Exceptions for ongoing contact requires approval from the Secretary/designee.**

|  |
| --- |
| **EXCEPTIONS** |

In relation to Name, DOC number      , employees/contract staff/volunteers approved for contact will:

* Not have involvement monitoring/supervising the individual, unless required for official duties and approved in advance by the Community Corrections Supervisor
* Not discuss the individual’s case
* Not in/directly access records for any reason
* Notify the Appointing Authority of any changes in supervision status and/or living arrangements

Ongoing contact is [ ]  Denied [ ]  Approved

Comments:

      

Secretary/designee Signature Date

**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: **ORIGINAL** - Personnel/contract/volunteer file

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