**RESOLUTION REQUEST**

 **Log ID number** for appeal or rewrite:

Facility/Office received Date/Time received

Name (Last, First, Middle) Current facility/Unit DOC number

**Category:** [ ]  Non-Health Services [ ]  Health Services

**Check one:** [ ]  Initial [ ]  Emergency [ ]  Appeal [ ]  Rewrite

Location of incident Date of incident /Time

Witness name(s) and DOC number, if applicable:

Provide a summary of what happened and how it affected you:

Suggested remedy (optional):

Signature (required) Date

|  |
| --- |
| **RESOLUTION SPECIALIST RESPONSE** |

[ ]  Formal concern/appeal paperwork is being prepared [ ]  Administratively withdrawn

[ ]  Request is not accepted per the Resolution Program Manual [ ]  Informal resolution attempt

[ ]  Additional information and/or rewrite needed. Return by:       [ ]  You requested to withdraw

[ ]  No rewrite received. Resolution Specialist withdrawal on:

[ ]  Sent to       on       Received from       on

Comments:

      

Resolution Specialist Signature Date

**TIMEFRAMES**

Resolution Requests must be submitted within 30 days from the date of the incident. Appeals and rewrites must be submitted within 10 business days from the response date. Please include the Log ID number for any rewrites or appeals. Prison and Reentry facilities will provide Resolution boxes in areas accessible for individuals to submit Resolution Requests.

**FOR ELECTRONIC HOME MONITORING OR COMMUNITY SUPERVISION MAIL FORMS TO:**

Department of Corrections

Attn: Resolution Program Manager

PO Box 41129

Olympia WA 98504-1129

**FOR ACCEPTED AND NOT ACCEPTED RESOLUTION REQUESTS**

Please see the Resolution Program Manual

**EMERGENCY RESOLUTION REQUEST PROCEDURES**

An Emergency Resolution Request requires immediate action and, if handled through the routine resolution process, could create further or unnecessary harm. (e.g., include chest pain, high blood sugar, a threat of physical harm, an allergic reaction, information on a possible group disturbance, knowledge of a weapon, severe abdominal pain, an escape plan, severe bleeding)

Emergency Resolution Requests fall under one of the following criteria:

1. Involve a potentially serious threat to the life or health of an individual, employee, contract staff, or volunteer.
2. Relate to severe pain being suffered by the individual.
3. Involve a potential threat to the orderly operation of a facility.

Please remember that Emergency Requests must be given directly to an employee or contract staff. If you place the form in the box, it will not be processed until the next scheduled pick-up day and will not be considered an Emergency Resolution Request. Please note an Emergency Resolution Request is not required for an individual to declare a medical emergency.

**COMPLETING DOC 05-165 RESOLUTION REQUEST**

The written concern must fit in the allowable section of one DOC 05-165 Resolution Request and be a simple, straightforward statement outlining the issue or incident. It is recommended that a suggested remedy be included for the informal resolution attempt. Concerns that have not occurred and are based on speculation or hearsay information (third-party information or what someone said they heard) will not be accepted. Requests containing excessive legal language/terminology will be returned to the individual for a rewrite. The request must identify how the action or incident has personally affected them and be submitted on their behalf. Terms such as “we,” “us,” “our,” or “the incarcerated population” indicate a “Class Action” request and will be sent back for a rewrite. The individual is required to provide any physical evidence in their possession to support their allegation. If there is a potential witness, they must be identified on the original request or during an interview. All resolution requests and appeals require a signature, date, and DOC number unless the individual has an ADA accommodation.

Information needed when submitting a request:

* Who is the concern about, or who was involved (e.g., officer, counselor, volunteers, incarcerated)
* What happened (i.e., what is the basis of the allegation, situation, or problem)
* When did the incident/issue take place (i.e., identify the date, time, or shift)
* Where did the incident/issue take place (e.g., yard, holding cell, living area, kitchen)
* Why did the incident/issue take place (i.e., what was the motivation for the action taken?)
* How did the event happen (i.e., what practices or procedures were applied?)

**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** - Individual

 Emergency Resolution Requests directly to employee/contract staff