

TIMEFRAME

Resolution Requests must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. You must 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 must 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 must sign and date 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 **YELLOW/COPY** - Requester retains
Emergency Resolution Requests directly to employee/contract staff