## LEVEL III RESOLUTION RESPONSE

<table>
<thead>
<tr>
<th>Last name</th>
<th>First</th>
<th>Middle</th>
<th>DOC number</th>
</tr>
</thead>
</table>

| Facility/office: | Unit/cell: |

### PART A – INITIAL CONCERN

- **Date typed:**
- **Date due:**

**My concern is** (who and/or what):

<table>
<thead>
<tr>
<th>Location:</th>
<th>Date of incident:</th>
<th>Time:</th>
</tr>
</thead>
</table>

**Witness(es):**

**Description:**

**Suggested remedy:**

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**Requestor’s signature**

**Date**

**Resolution Specialist**

**Signature**

**Date**

### PART B – LEVEL III RESPONSE

**Assistant Secretary/Deputy Director/designee**

**Signature**

**Date**

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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.