



RAPID REENTRY ORIENTATION

Name

DOC number

Date

- General rules
- Non discrimination
- Religious practices
- Home search waiver
- Grievance procedures
- No research participation
- Earned release time certification
- Substance use disorder testing
- Assigned Corrections Specialist
- DOC 850.625 Sexual Harassment
- Access to mental health, medical, and dental care
- Disciplinary procedures, including good time credits
- No working as an informant (Exception may be granted by the Regional Administrator when police provide evidence that s/he is the only individual capable of obtaining information)
- Custodial Sexual Misconduct:** I understand that sexual misconduct between an individual on community supervision and a Department employee is a violation of Washington State Law per RCW 9A.44.160. Any allegation(s) of custodial sexual misconduct will be investigated and may result in the prosecution of the employee. I understand that under the law, there is no consensual sex between a Department employee and an individual on community supervision. I understand the reporting process for custodial sexual misconduct. ***If you have any questions, you may contact the Regional Administrator, Kristine Skipworth at (253) 725-8855.***
- Americans with Disabilities Act accommodation required (e.g., braille, video-closed captioning, language interpreter): _____
Interpreter name: _____ Date: _____

I hereby acknowledge that I have received orientation regarding all items checked above.

Signature

Date

Witness name

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.

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