**RESOLUTION REQUEST**

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

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

An emergency request is not required to claim a medical emergency. You may refer to the Resolution Program Manual for more information.

Name (Last, First, Middle) Location DOC number

Facility/office Date of incident Time Unit/cell

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

Who (names) and/or what (policy, procedures, or practice) are you submitting your concern about?

Provide a short description of what happened and how it affected you:

Suggested remedy (optional):

Signature (required) Date

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

Facility/office received Date/time received

[ ]  Formal concern/appeal paperwork is being prepared [ ]  Administratively withdrawn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

**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** - Requester

 Emergency Resolution Requests directly to employee/contract staff

**WHAT IS THE RESOLUTION PROGRAM?**

The Resolution Program is to serve as an unbiased, internal resolution and appeal system that promotes effective communication between staff and individuals under the Department’s jurisdiction. Having an appropriate administrative avenue for voicing complaints without fear of retaliation is an important element of helping to create safer environments.

**WHAT ITEMS QUALIFY?** **WHAT ITEMS DO NOT QUALIFY?**

* Policy or lack of policy, improper application of policy
* Actions by employees, contract staff, and volunteers
* Personal safety
* Health Services
* Food Services
* Any procedure that has a formal appeal process
* State/federal law and court decisions
* Indeterminate Sentence Review Board decisions
* Classification, disciplinary, and Risk Management Decisions

*Please see the Resolution Program Manual for additional items.*

**HOW DO I FILE A RESOLUTION REQUEST?**

Before filling out a Resolution Request, refer to the Resolution Program Manual and follow the directions on how to complete the initial DOC 05-165 Resolution Request. The Resolution Program Manual is available at all facilities, Reentry Center locations, and Field Offices. Following the directions provided will ensure your Resolution Request meets the criteria needed to be accepted for review.

**HELPFUL HINTS**

* You can only file a Resolution Request on an incident, policy, or practice that affects you personally.
* You may only file a Resolution Request on something in which the Department has jurisdiction.
* Resolution Requests must be filed within 30 days of the incident.
* Before submitting a Resolution Request, please try to resolve the issue informally using positive and respectful communication.

**EMERGENCY RESOLUTION REQUESTS**

Emergency Resolution Requests (e.g., potentially serious threat to life/health, severe pain, threat to the orderly operation of the facility) must be given directly to an employee/contract staff. If placed in the resolution box, it will not be processed until the next scheduled pick-up day. Further examples are given in the Resolution Program Manual.

**AFTER COMPLETING DOC 05-165 RESOLUTION REQUEST:**

**If you are in a PRISON:**

Place your Resolution Request in the resolution request drop-box to submit your concern and/or appeal. Envelopes are provided for areas where there is no resolution request drop box.

**If you are in a Reentry Center:**

If your location does not have a resolution request drop box, please submit your resolution request/appeals to the Reentry Center Manager (RCM) or mail it to the address below.

**If you are on Graduated Reentry or Community Supervision:**

Mail your Resolution Request/appeals to:

**Department of Corrections**

**Statewide Resolution Program Manager**

**Resolution Program**

**PO Box 41129**

**Olympia, WA 98504-1129**