



LOG ID NUMBER

LEVEL I RESOLUTION RESPONSE

Last name First Middle DOC number

Facility/office: Unit/cell:

PART A - INITIAL CONCERN Date typed: Date due:

My concern is (who and/or what):

Location: Date of incident: Time:

Witness(es):

Description:

Suggested remedy:

Requestor's signature Date

Resolution Specialist Signature Date

PART B - LEVEL I RESPONSE

[Empty area for Part B response]

Resolution Specialist Signature Date

You may appeal this response by submitting a written appeal to the Resolution Specialist within 5 working days from date this response was received.

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.