



LOG ID NUMBER

LEVEL III 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 III RESPONSE

[Large empty box for response]

Assistant Secretary/Deputy Director/designee 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.