

INMATE COMPLAINT FORM

NAME		
INMATE NUMBER		
		DATE
		ZIP
name unless you give permission	ne Ombudsman are confidential. We son. Ilking to the state agency about your	•
iway we use your name when to	maing to the state agency about your	complaint. 123 No
I verify that the information conta	iined in this complaint is true to the bes	t of my information,
knowledge, and belief		
	Signature	
WHAT STATE AGENCY IS YOUR	COMPLAINT ABOUT?	
☐ Corrections Furlough/EM		
	☐ Corrections Disciplinary Board	
	☐ Corrections Classification, Time A	ccounting
☐ Corrections Probation/Parole	☐ Public Defender/ OPA Attorney	3
	☐ Other	
HAVE YOU TRIED TO SOLVE YO	UR COMPLAINT WITH THE AGENCY	YPS NO
	nd the issue is grievable, the Ombuds hrough the DOC grievance process befo	
	THE AGENCY ABOUT YOUR COMPLAINT	
Name	Date Date	
Name	DR APPEAL? YES NO	
	VANCE OR APPEAL? Date	
Please attach copies of your gri	ievance/appeal and the agency's re	esponse.
WHAT DID THE AGENCY DO THe paper if you need to)	AT YOU THINK IS WRONG? (write o	clearly and legibly; use extra

WHAT DO YOU WANT THE AGENCY TO DO?		
WHAT DO YOU WANT THE OMBUDSMAN TO DO?		
Please attach copies (not originals) of any documents related to your complaint.		
OPTIONAL INFORMATION The Ombudsman wants to understand better how Alaskans from different ages, bac abilities encounter and resolve their problems with government. If you are willing, pleas questions. Choosing not to answer these questions will not affect whether we your complaint.	e answer	these
AGE □ 18-34 □ 35-64 □ 65+		
GENDER □ Female □ Male □ Other		
RACE □ AK Native/Native American/Native Hawaiian □ African-American □ W	hite	
☐ Hispanic ☐ Pacific Islander ☐ Other		
VETERAN STATUS Have you ever served in the military, reserve or national guard?	YES NO)
PRIMARY LANGUAGE ☐ English ☐ AK Native ☐ Spanish ☐ Other		
PRIMARY LANGUAGE ☐ English ☐ AK Native ☐ Spanish ☐ Other DISABILITY Do you experience a physical, intellectual, or mental disability?	YES NO	

Alaska State Ombudsman Attention: Intake P.O. Box 113000 Juneau, Alaska 99811