

SEX OR VIOLENT OFFENDER REGISTRATION GRIEVANCE FORM

Date: _____

Code: _____

No. _____

DO NOT WRITE OR STAMP ABOVE THIS LINE

Date: _____

Name: _____

(Print)

1. Have you previously submitted a grievance on this same issue? _____. If yes, what date _____ and grievance # _____?

2. Describe your issue or complaint that relates to your registration as a sex or violent offender in the State of Oklahoma:

3. Describe the action(s) you believe the Department of Corrections may lawfully take:

Name: _____

Signature of Grievant: _____