Oklahoma Department of Corrections
Volunteer Alert Form

Facility/District/Unit: _____ Date of Incident: ____/____/_____

Volunteer Name: _____

Volunteer Address: _____
Street/P.O. Box City State Zip Code

Last Four Digits of Social Security Number:_____ Volunteer Date of Birth: ____/____/_____

Description of incident (include the name(s) and DOC # of any offenders involved in incident):

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Action taken by the facility/district/unit as a result of the incident:

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_____
_____
_____

Forward this form with all relevant documentation, including related Incident Reports to:

Agency Volunteer Coordinator
Oklahoma Department of Corrections
2901 N. Classen Blvd. Suite 200
Oklahoma City, OK 73106