

## COMPLAINT FORM for DOC LICENSED FACILITIES

To submit a complaint, please complete the information requested below.  
 Submit the complaint form via mail; fax; or email to the addresses listed above.

\*If Complaint involves more than one facility, complete a separate form for each facility.

\*If Complaint involves more than one complainant, each complainant must complete their own Complaint form.

Today's Date: \_\_\_\_\_

### 1. FACILITY INFORMATION

Name of Facility: <i>(REQUIRED)</i>		
Address:		
City:	State:	Zip Code:

### 2. AUTHORIZATION FOR RELEASE OF INFORMATION REGARDING COMPLAINT

Your name and other identifying information contained in your complaint are not public. This information will not be voluntarily shared with the subject of the complaint by the Department of Corrections during its investigation unless you specifically authorize the department to do so. The information you provide may also be released to others who have authority to review it, including other individuals within the Department, the Minnesota Attorney General's office, state and federal agencies, law enforcement, courts and the legislative auditor. While you are not required to provide this authorization, failure to do so may impact the ability of the department to fully investigate your complaint.

**Do you authorize the MN Dept. of Corrections to share your name and the facts contained in your complaint with the jail/subject of your complaint? Yes or No must be marked before the form is considered complete.**

\_\_\_ **YES.** I hereby authorize the Department of Corrections to release my name as the complainant to the jail/subject of the complaint for purposes of furthering the underlying investigation. I also authorize the Department of Corrections to release to the subject of the complaint a copy of my complaint and the facts contained therein as the department deems necessary to assist in furthering the course of the investigation.

\_\_\_ **NO.** I do not authorize the Department of Corrections to release my name as the complainant, or a copy of the complaint, to the jail/subject of the complaint. I understand that the department may or may not conduct an investigation of the matter but will not identify me as the source of the complaint or release a copy of my complaint to the subject of the complaint. I further understand that this may limit the extent of the department's investigation and may impact the outcome of the investigation.

### 3. NAME OF PERSON BRINGING COMPLAINT FORWARD

Complainant is incarcerated person or resident? Check here

Last Name: <i>(REQUIRED)</i>		
First Name: <i>(REQUIRED)</i>	Area code and phone number:	
Address:		
City:	State:	Zip Code:
Email Address:		
HOW CAN YOU BE REACHED IF WE NEED ADDITIONAL INFORMATION?		



9. LIST WITNESSES (Other Incarcerated Persons, Residents, Staff, Visitors- if known)

Last Name	First Name	Witness Type	Best way to contact this person

10. HAS A GRIEVANCE/COMPLAINT BEEN FILED WITH THE FACILITY REGARDING THIS INCIDENT?

Yes                       NO                       UNKNOWN

11. WHAT WAS THE FACILITY'S RESPONSE TO THE GRIEVANCE/COMPLAINT, if known?

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12. HAVE YOU CONTACTED ANY OTHER AGENCY REGARDING THIS COMPLAINT? YES       NO

IF YES, NAME OF AGENCY \_\_\_\_\_  
 DATE(S) CONTACTED? \_\_\_\_\_

13. WHAT OUTCOME WOULD YOU LIKE TO SEE HAPPEN AS A RESULT OF THIS COMPLAINT? *(REQUIRED)*

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**You will receive a written response if you provided contact information above.  
 A response letter may take up to 15 working days from the receipt if the complaint.**

Rules that govern MN DOC Authority based on 241.021

- Chapter 2911- Adult Detention Facilities
- Chapter 2920 - Adult Community-Based Residential Correctional Facilities (Adult Halfway Houses)
- Chapter 2945 - Municipal Jail Facilities
- Chapter 2965 - Residential Adult Sex Offender Treatment
- Chapter 2960 - Licensing of Juvenile Residential Facilities
- Chapter 2955 - Residential Juvenile Sex Offender Treatment