

OFFICIAL COMPLAINT FORM
MINNESOTA OFFICE OF THE OMBUDS FOR CORRECTIONS

INSTRUCTIONS: *The incarcerated individual must complete the DOC grievance process first. The Office of the Ombuds for Corrections (OBFC) will NOT investigate the complaint if the DOC grievance process has not been completed (unless there is some overwhelming reason they cannot complete the DOC process or they believe the DOC is not properly following the process). This form must accompany any complaint to the OBFC. **Only one issue per form.** Fill out the form completely, sign, and mail or email the form and up to one additional sheet of paper, if needed, to the address listed.*

**INCARCERATED PERSON'S
FIRST NAME**

LAST NAME

PREFERRED NAME (if different from above)

DOC OID #

FACILITY

Has the DOC grievance process been completed? **Yes** **No** *If no, is there an overwhelming reason the DOC process cannot be completed or is there reason to believe that the DOC is not properly following the process? If yes, what was the outcome of the DOC process? Please attach final grievance form:*

Name of person completing this form:
(if someone other than the incarcerated individual listed above)

Relationship:

PHONE

EMAIL

Please note that the OBFC will not conduct investigations on behalf of another person without their consent unless the person is unable to consent.

Date of Incident:

Description of complaint: *(If you need more room, include no more than one additional piece of paper. Do not include supporting documents at this time EXCEPT for final grievance form. Additional documents will be collected if needed for an investigation.)*

What would you like to happen next?_

If the OBFC investigates this complaint, the Office cannot compel the DOC to act, but can make recommendations. We cannot provide information to you regarding the status of an incarcerated person's complaint as Minnesota law protects information regarding their case as private data, however we may contact you to gather more information for the investigation.

**MN Office of the Ombuds for Corrections (OBFC)
Data Practices Notice**

Data the Office of the Ombuds for Corrections (OBFC) collects from you to take and investigate a complaint are classified as private or confidential data under the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. Providing this information is voluntary, but not providing it may prevent investigation and resolution. This data may be accessed by OBFC staff and shared with staff of the agency complained against to investigate, make recommendations, and publish reports in accordance with Minn. Stat. ch. 241.90-95, or to prevent imminent risk of harm to any person. This data may also be used to inform the Office of the Governor if needed and to report the possible commission of a crime to law enforcement agencies.

The OBFC may access medical data maintained by a corrections agency (Minn. Stat. ch. 241.94). The name, location, and OID number (if applicable) of complainants is public data.

By signing this form, I acknowledge that I have received and understand the data practices notice above.

Signature: _____

Date: _____

Print, complete the form front and back, sign, and mail it and up to one additional sheet of paper, and final DOC grievance form, if applicable, to:

Office of the Ombuds for Corrections
540 Fairview Ave N, Suite 202
St. Paul, MN, 55104

Or fill out and sign the form digitally and email it as an attachment to:

OBFCComplaints@state.mn.us