

SYSTEMIC COMPLAINT FORM
MINNESOTA OFFICE OF THE OMBUDS FOR CORRECTIONS

INSTRUCTIONS: *This form is for systemic complaints about a general, systemic issue, related to statute, policy, or procedure and not related to a specific incarcerated individual. If you are filing a complaint about an issue specific to an individual, please use the individual complaint form. **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.*

FIRST NAME

LAST NAME

PREFERRED NAME (if different from above)

PHONE

EMAIL

FACILITY (if applicable)

Description of complaint: *(If you need more room, include no more than one additional piece of paper. Please include details about what procedure or policy, if known, is involved in the complaint. Do not include supporting documents at this time. 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.

**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