

Visitor Alert

Type of Violation: (Check box that applies) Visiting Violation Volunteer Violation
Facility: _____ Date of Visiting/Volunteer Violation: _____

Visitor or Volunteer's Name: _____

Visitor /Volunteer's Date of Birth: _____ Visitor/Volunteer's Social Security #: _____

Visitor/Volunteer's Address (include city, state & ZIP) _____

NOTE: The "inmate" section below will contain the inmate's name and ODOC# that the visitor was visiting. If a violation involved a volunteer and an inmate was involved, you will also fill in the section below. If the violation concerned a volunteer and an inmate was not involved, leave the "Inmate" section blank.

Inmate's Name: _____ ODOC#: _____

Describe the visiting/volunteer violation (use the back of form if necessary): _____

Sanction Imposed (Check appropriate box):

- Visitor/Volunteer received a written warning
- Visitor/volunteer received a suspension Date suspension starts: _____ Date suspension ends: _____
- Visitor/volunteer received a permanent visiting suspension
- Visitor/volunteer received an indefinite visiting suspension. If there is a minimum amount of time the visitor/volunteer will wait before re-applying for visiting or volunteer privileges, list the length of time required.

Facility Head or Designee's Signature

Original: Visiting Violation: Section 6 of Field File
Volunteer Violation: Administrator of Programs
1st Copy: Visiting and Volunteer Violation: office of the IG

DO NOT PURGE THIS FORM FROM FIELD FILE
To be filed in Section 6