Oklahoma Department of Corrections
Employee/Media Contact Form

Employee Name (PRINT) ___________________________ Date ________________ Job Title ___________________________

Regular Days Off ___________________________ Regular Scheduled Work Hours ___________________________

Facility/Unit ___________________________

Name of Media Personnel and news outlet (i.e., newspaper, etc.) ___________________________

Date of interview/contact ___________________________

Was the contact with media (check one) ( ) planned or ( ) spontaneous?

Provide a description of contact with media to include what happened, when, where, how and why:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Employee Signature: ____________________________________________________________

***Return form to facility/unit head or designee to be forwarded to the Oklahoma Department of Corrections Public Information Manager.

Signature of Facility/Unit Head ___________________________ Date ___________________________

(R 06/20)