



**SEX AND VIOLENT OFFENDER CRIME REGISTRATION
GRIEVANCE FORM**

Date: _____

Code: _____

No.: _____

DO NOT WRITE OR STAMP ABOVE THIS LINE

Offender Name: _____ ODOC #: _____

Address
: _____

Phone Number: _____

Have you previously submitted a grievance on this same issue? Yes No

If yes, what is the date and grievance
#: _____

Describe your issue or complaint that relates to your registration as a sex or violent offender in
the State of Oklahoma:

Describe the action(s) you believe the Oklahoma Department of Corrections may lawfully take
to remedy your issue:

Describe any supporting documentation you have provided within this request:

Grievant signature

Date