

Policy Suggestions

The Department of Corrections values feedback. Use this form to share comments with us on the policies that affect you. Provide your completed form to your caseworker for forwarding to the Policy Unit at central office. Unclear, profane, derogatory, or harassing information may be dismissed as unusable.

The information you share on this form may be eligible for public disclosure and confidential information will be redacted.

This form should not be used for reporting grievances, misconduct, or safety concerns. This form should not be used for inquiries about a particular facility or incarcerated person.

***Please note, you will not receive a response from the Policy Unit or the policy chair, but your suggestions will be provided to the policy chair for consideration during the next policy review cycle. Submission does not guarantee inclusion in the revision of the policy. Any documents submitted with this form will not be returned.**

Policy Number: _____

Policy Title: _____

What section of the policy do you think needs revision? _____

What are your suggested changes or new content? _____

Why are you suggesting these changes or new content? _____

How will this change benefit incarcerated people or residents? _____

What negative impacts could happen because of this change? _____

How would this change help people be more successful? _____

Contact information in case we need to follow up:

Name _____

OID _____

**You may attach a copy of the relevant policy language with handwritten suggestions, but attached documents will not be returned.*