

## **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 <u>not</u> 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 are time of the maline decrease think are add and in  | :2            |
| What section of the policy do you think needs revis        |               |
|  |               |
| What are your suggested changes or new content?            |               |
|  |               |
|  |               |
| Why are you suggesting these changes or new cont           | ent?          |
|  |               |
|  |               |
| How will this change <u>benefit</u> incarcerated people or | r residents?  |
| now will this change <u>benefit</u> incarcerated people of | residents:    |
|  |               |
|  |               |
| What <u>negative</u> impacts could happen because of th    | is change?    |
|  |               |



| How would this change help people be more successful? |                          |                    |  |  |
|---|--------------------------|--------------------|--|--|
|   |                          |                    |  |  |
| Contac  | t information in case we | need to follow up: |  |  |
|   | Name                     |                    |  |  |
|   | OID                      |                    |  |  |

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