Connecticut Office of Correction Ombuds

55 Farmington Avenue, Suite 427, Hartford, CT 06105
Email: Correction.Ombuds@ct.gov

Complaint Intake Form

Please use a separate form for each complaint

Today's date:

First name:

Last name:

D.O.C. Number (if you are an incarcerated person):

D.O.C. Facility involved:

Housing unit involved:

Mailing address:

Daytime phone:

Email address:

1. Name and D.O.C. number of all incarcerated people who may have information regarding this matter:

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2. Name and position of all D.O.C. employees who may have information regarding this matter:

3. Describe your complaint. What happened – where it happened. Describe any state or federal statutes, administrative directions, rules, or policies you believe have been violated. Attach additional sheets as required.

4. Have you filed an appeal or grievance regarding this matter with D.O.C.? ◯ Yes ◯ No

   If you have field an appeal or grievance, what was the result? Please attach copies of your appeal and D.O.C.'s responses.

5. List the names and job titles of D.O.C. employees you have spoken with/and or written to about this matter.

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6. Has this matter ever been subject of a Court hearing? ◯ Yes ◯ No

   If yes, what is the case number?

7. Have you asked anyone else for help to fix this issue? ◯ Yes ◯ No

   If so, who? Name, address, and phone number of persons you have spoken to about this matter.

8. Please provide any additional information that may help the Ombuds investigate your complaint.

9. What are you hoping the Ombuds can do for you?

Signature: _____

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Additional sheet: