

CONNECTICUT OFFICE OF CORRECTION OMBUDSMAN

55 Farmington Avenue, Suite 427, Hartford, CT 06105

Email: Correction.Ombuds@ct.gov

REQUEST FOR ASSISTANCE FORM

(Please use a separate form for each concern/complaint.)

NAME: _____

INMATE ID (if applicable): _____

FACILITY: _____

HOUSING UNIT: _____

DATE: _____

The Connecticut Office of Correction Ombudsman provides a fair and impartial medium where individuals can seek redress for concerns or problems related to correctional facilities or programs in the state of Connecticut.

Please answer the following questions before proceeding:

1. What correctional facility or community program were you in when this matter occurred?
2. What was the date of the incident?
3. Have you utilized the facility's 'Inquiry/Grievance System' to address your concern? (YES / NO)
4. Did you receive a response? (If 'YES' please attach a copy of your response if possible.) (YES / NO)
5. If you did not receive a response, please provide the date that you submitted your Inquiry/Grievance:

PLEASE DESCRIBE YOUR CONCERN OR COMPLAINT

(Continue on another sheet of paper if necessary and/or attach copies of any supporting documentation.)

What do you think should be done to resolve this matter?

SUBMISSION INSTRUCTIONS

You may submit this form via:

1. Email: Attach this form and any supporting documents to Correction.Ombuds@ct.gov.
2. Mail: Send the completed form to the following address:

Connecticut Office of Correction Ombudsman

55 Farmington Avenue, Suite 427

Hartford, CT 06105

For Office Use Only:

Date Received: _____

Case Number: _____

Assigned Staff: _____