

Visitor Alert

Type of Violation: (Check box that applies) Visiting Violation Volunteer Violation

Facility: _____ Date of Visiting/Volunteer Violation: _____

Visitor or Volunteer's Name: _____

Visitor /Volunteer's Date of Birth: _____ Visitor/Volunteer's Social Security #: _____

Visitor/Volunteer's Address (include city, state & ZIP) _____

NOTE: The "inmate" section below should contain the inmate's name and DOC# that the visitor was visiting. If a violation involved a volunteer and an inmate was involved, you should also fill in the section below. If the violation concerned a volunteer and an inmate was not involved, leave the "Inmate" section blank.

Inmate's Name: _____ DOC#: _____

Describe the visiting/volunteer violation (use the back of form if necessary): _____

Sanction Imposed (Check appropriate box):

Visitor/Volunteer received a written warning

Visitor/volunteer received a suspension Date suspension starts: _____ Date suspension ends: _____

Visitor/volunteer received a permanent visiting suspension

Visitor/volunteer received an indefinite visiting suspension. If there is a minimum amount of time the visitor/volunteer must wait before re-applying for visiting or volunteer privileges, list the length of time required. _____

Facility Head or Designee's Signature

Original: Visiting Violation: Section 6 of Field File

Volunteer Violation: Administrator of Programs

1st Copy: Visiting and Volunteer Violation: Inspector General

**DO NOT PURGE THIS FORM FROM FIELD FILE
To be filed in Section 6**

DOC 030118D (R 5/18)