

**SEX OR VIOLENT OFFENDER REGISTRATION GRIEVANCE FORM**

Date: \_\_\_\_\_

Code: \_\_\_\_\_

No. \_\_\_\_\_

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**DO NOT WRITE OR STAMP ABOVE THIS LINE**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Print)

1. Have you previously submitted a grievance on this same issue? \_\_\_\_\_. If yes, what date \_\_\_\_\_ and grievance # \_\_\_\_\_?

2. Describe your issue or complaint that relates to your registration as a sex or violent offender in the State of Oklahoma:

3. Describe the action(s) you believe the Department of Corrections may lawfully take:

Name: \_\_\_\_\_

Signature of Grievant: \_\_\_\_\_