

Oklahoma Department of Corrections Volunteer Alert Form

Facility/Unit: _____ Date of Incident: ____/____/____

Volunteer Name: _____

Volunteer Address: _____
Street/P.O. Box City State Zip Code

Last Four Digits of Social Security Number: _____ Volunteer Date of Birth: ____/____/____

Description of incident (include the name(s) and DOC # of any inmates/offenders involved in incident):

Action taken by the facility/unit as a result of the incident:

Forward this form with all relevant documentation, including related Incident Reports to:

**Agency Volunteer Coordinator
Oklahoma Department of Corrections
2901 N. Classen Blvd. Suite 200
Oklahoma City, OK 73106**