



**SEX AND VIOLENT OFFENDER CRIME REGISTRATION  
GRIEVANCE FORM**

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

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

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

---

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

Offender Name: \_\_\_\_\_ ODOC #: \_\_\_\_\_

Address  
: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Have you previously submitted a grievance on this same issue?  Yes  No

If yes, what is the date and grievance  
#: \_\_\_\_\_

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

---

---

---

---

Describe the action(s) you believe the Oklahoma Department of Corrections may lawfully take  
to remedy your issue:

---

---

---

---

Describe any supporting documentation you have provided within this request:

---

---

---

---

\_\_\_\_\_  
Grievant signature

\_\_\_\_\_  
Date