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 So	ocial Security Number:	Volunteer Date of Birth	ı:/	/
Description of inciden	t (include the name(s) and OI	DOC # of any inmates/offende	rs involve	d in incident)
Action taken by the fa	acility/unit as a result of the in	cident:		

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

(R 08/21)