

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

Offender'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**

**1<sup>st</sup> Copy: Visiting and Volunteer Violation: Internal Affairs**

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

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