

**OFFICE OF THE CORRECTIONS  
OMBUDSPERSON**

P.O. Box 855, Trenton, New Jersey 08625



**REQUEST FOR ASSISTANCE FORM**

(Please use a separate form for each concern/complaint.)

NAME: \_\_\_\_\_ SBI# \_\_\_\_\_ SP# \_\_\_\_\_

FACILITY: \_\_\_\_\_ HOUSING UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_

The Office of the Corrections Ombudsman provides a fair and impartial medium within which state sentenced inmates housed in State Prison Facilities or Residential Community Release Programs can seek redress for concerns or problems that arise during incarceration.

**PLEASE ANSWER THE FOLLOWING QUESTIONS BEFORE PROCEEDING.**

1. What correctional facility or community program were you in when this matter occurred? \_\_\_\_\_
2. What was the date of the incident? \_\_\_\_\_
3. Have you utilized the facility's "Inquiry/Grievance System" to address your concern? (YES) (NO)
4. Did you receive a response? (If "YES" please attach a copy of your response if possible.) (YES) (NO)
5. If you did not receive a response, please provide the date that you submitted your Inquiry/Grievance? \_\_\_\_\_

**PLEASE DESCRIBE YOUR CONCERN OR COMPLAINT.** (Continue on another sheet of paper if necessary and/or attach copies of any supporting documentation.)

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**What do you think should be done to resolve this matter?**

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