GEORGIA DEPARTMENT OF CORRECTIONS
Ombudsman Unit
2 M.L.K Jr. Drive
Suite 954 East Tower
Atlanta, GA 30334
ombudsman@dcor.state.ga.us

Today's Date:_____

Name of person making contact:_____

Relationship to Offender: _____

Address:_____

City, _____**, State** _____ **Zip**_____

Daytime Phone Number:_____ **Alternate Phone Number:**_____

Name of Offender:_____ **GDC #:**_____

Facility Involved: _____

Describe your complaint or concern:

_____

_____

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List the names of anyone within the Department of Corrections that you have contacted about this matter:

_____

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