COLORADO SEX OFFENDER MANAGEMENT BOARD

COMPLAINT FORM

Department of Public Safety, Division of Criminal Justice
700 Kipling Street, Suite 3000, Denver, CO 80215
Phone: 303-239-4499 Fax: 303-239-4491

Submission of this form means that you are filing a formal complaint with the Sex Offender Management Board against a SOMB approved provider. Please complete this form as instructed in its entirety, because incomplete forms or complaints submitted without complete and necessary information will be returned. Please note the SOMB does not accept anonymous complaints. Upon receipt of this completed form, your complaint will be reviewed according to Appendix F of the most recent version of the Standards and Guidelines for the Assessment, Evaluation, Treatment and Behavioral Monitoring of Sex Offenders. (Please note that the Board only has authority over individual listed providers and can only respond to actual violations of the *Standards*.)

COMPLAINANT NAME (S):		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:
(A listed provider must be named. Please fill out a separate form for each provider being grieved)			
SERVICE PROVIDER:		PHONE:	
ADDRESS:	CITY:	STATE:	ZIP:

I. NATURE OF COMPLAINT:
Please provide a description of the situation or circumstances related to the violation of the *Standards.* Continue on a separate sheet if needed and please attach supporting documentation or verification.

STANDARD(S) VIOLATED:
The specific SOMB Standard(s) must be cited and how they were allegedly violated by the provider. Please refer to the Standards and Guidelines for details.

II. DESIRED OUTCOME:
Please describe what you would like to occur in order to resolve the situation.

Thank you for addressing your concerns to the Board. You will be notified in writing throughout the Board's complaint review process of any action taken and the decision as a result of this complaint. (Please note that all complaints must be signed.)

SIGNATURE*:*	DATE*:*