

Crawford County



Correctional Facility

**2100 Independence Drive
Saegertown, PA 16433**

Phone: 814-763-1190

Fax: 814-763-1101

Tim L. Lewis
Warden

Kenneth D. Saulsbery
Deputy Warden

CITIZEN'S COMPLAINT FORM

(PLEASE PRINT CLEARLY)

NAME:

TELEPHONE NUMBER:

ADDRESS:

COMPLAINT OR SUGGESTION IN DETAIL: **(Use the back, if more space is needed)**

SIGNATURE:

DATE:

This citizen's complaint form can be mailed to the above address to the attention of the administrative office or dropped off at the administrative office Monday's through Friday's between the hours of 8:00 A.M. and 4:00 P.M. The warden or deputy warden will contact you within thirty (30) days, either by mail or by phone in regards to your complaint or suggestion.

ANSWER GIVEN TO COMPLAINT OR SUGGESTION:

ANSWERED BY:
DATE ANSWERED:
HOW ANSWERED: MAILED OR PHONE CALL
COMPLAINT OR SUGGESTION (CIRCLE)
DATE FILED:

Reviewed by Deputy Warden (Initials):	Date:
Reviewed by Warden (Initials):	Date:

Additional Action Taken:

Action Taken By:	Date:
------------------	-------