**Request For Interview Form:**

**SECURITY – White MEDICAL - Yellow**

**(NOTE: Do not use for medical emergencies!)**

|  |  |  |  |
| --- | --- | --- | --- |
| Printed Name: |  | Institution: |  |
| Offender #: |  | Mod / Quad: |  | Date: |  |
| DOB: |  | How long has the problem existed? |  |
|  |
| To: |  |
| Request: |  |
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|  |
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|  |
|  | Prisoner Signature: |

|  |  |
| --- | --- |
| Action Taken: |  |
|  |
|  |
|  |
|  |
|  |
| Employee Signature: | Employee Printed Name: | Date: |

|  |  |
| --- | --- |
| Final Action Taken: |  |
|  |
|  |
|  |
|  |
|  |
| Employee Signature: | Employee Printed Name: | Date: |

Check here if response to prisoner was made verbally: [ ]  **(Not allowed for Medical RFIs.)**

Instructions: Request must be specific and state the action being requested (i.e., interview, hearing, etc.).

 Requests are to be responded to within a reasonable time frame after receipt.

|  |  |  |
| --- | --- | --- |
| **Distribution:** | **Security RFI:** | **Medical RFI:** |
|  | Original to prisoner case record. | Original scanned in to EHR and then to medical records. |
|  | Copy to Prisoner. (Unless response was made verbally.) | Copy to prisoner. |