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|  | Wisconsin Department of Corrections  Office of Victim Services and Programs  Victim’s Rights Complaint Procedure |

Under Wisconsin State Statutes, as a victim of crime, you have certain rights. The Office of Victim Services and Programs is committed to ensuring that your rights are provided and to meeting the needs of you, your family and the community through a variety of available services. These rights and services help to ensure that you are provided with information, practical and emotional support and are able to participate fully in the criminal justice system. They were created to make sure that you are treated with dignity and respect at all times, regardless of your gender, age, marital status, race, ethnic origin, sexual orientation, disability or religion.

There are three ways to express your concerns about your rights as a crime victim:

1. If, at any time during **your experience with the Wisconsin Department of Corrections**, you believe your rights were not provided according to the previously noted standards, you may file a complaint by completing this form and emailing it or mailing it to the Office of Victim Services and Programs at: [DOCOVSPAdmin@wisconsin.gov](mailto:DOCOVSPAdmin@wisconsin.gov). The Director will review your complaint and a staff member will contact you.

All complaints will be taken seriously and thoroughly reviewed. You will receive notice when the complaint has been resolved.

1. If, at any time, you believe **your rights as a crime victim have been violated or disregarded**, please contact:

Wisconsin Department of Justice

Office of Crime Victim Services

P.O. Box 7951

Phone: 800-446-6564 (option #2)

Email: [ocvs@doj.state.wi.us](mailto:ocvs@doj.state.wi.us)

1. If, at any time, you believe **you have been treated differently** because of race, color, national origin, religion, sexual orientation, disability or age, you may file a **discrimination complaint** with:

U.S. Department of Justice

Office for Civil Rights, Office of Justice Programs

810 7th Street, NW

Washington, DC 20531

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| **VICTIM Information** | | | | |
| Name: | | | | |
| Current address: | | | | |
| City: | State: | | | ZIP Code: |
| Phone: | Email: | | | |
| **offender information** | | | | |
| Name: | | | | |
| Date Crime Occurred: | | | | County: |
| Court Case Number (if known): | | | | |
| **information about your complaint** | | | | |
| What area/division of our agency do you have a complaint about: | |  | | |
| STATEMENT OF COMPLAINT (Please provide as much detailed information about your complaint as possible and use additional paper if necessary): | | | | |
| **I certify that the information set forth herein is true and accurate.** | | | | |
| Signature of Complainant: | | | Date: | |

Please send this completed form via e-mail to [DOCOVSPAdmin@wisconsin.gov](mailto:DOCOVSPAdmin@wisconsin.gov).

If you prefer to mail the form or other documents to us, please use the following address:

WI DOC Office of Victim Services and Programs | P.O. Box 7925 | Madison, WI 53707-7925