IDAHO DEPARTMENT OF CORRECTION
Resident Concern Form

Resident Name: Bryan C. Kohberger IDOC Number: 163214

Institution, Housing Unit, & Cell: J-2-33 Date: 08/18/25

To: Sgt. Martin
(Address to appropriate staff: Person most directly responsible for this issue or concern)

Issue/Concern: Sgt. Martin - Thank you for the print-outs and bubble sheet for Commissary. Since 8/7, the issue has resolved, and I have complete access to the kiosk system. No further action is needed.

(Description of the issue must be written only on the lines provided above.)

Resident signature: Bryan C. Kohberger

Staff Section

(Signature of Staff Member Acknowledging receipt) / Associate ID # Collected/Received: 08/18/25
(Date collected or Received)

Reply: Noted if you have issues you have another way to order.

Responding Staff Signature: [signature] Associate ID #: F886 Date: 08/18/25

Pink copy to resident (after receiving staff's signature),
Original and yellow to responding staff (after completing reply, yellow copy returned to resident.) Last Rev. 1/21

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