## Must Be Submitted Through the Law Library or Designee Inmate/Offender Grievance Process REQUEST TO STAFF

TO:	FACILITY/UNIT:	DATE:
(NAME AND TITLE OF STAFF ME	EMBER)	
I have have not already so the state in the stat	facility: a grievance pending on this issual lawsuit of any type pending tha number and court: does not relate to a pending m	grievance #:  ue. t relates in any way to this issue.  uisconduct report. If it does, this
<b>SUBJECT:</b> State completely, but statement must be specific as to the affected. One issue or incident per "I may result in this being returned unar	complaint, dates, places, person Request to Staff." Your failure to	nel involved, and how you were
(USE OTHER SIDE IF MORE S <b>ACTION REQUESTED:</b> State exactl exactly should be done and how.	SPACE IS NEEDED. DO NOT ATTAC ly how you believe your request	•
NAME: (PRINT)	ODOC #: l	JNIT & CELL NUMBER:
SIGNATURE:	WORK ASSIGNM	IENT:
DO N	NOT WRITE BELOW THIS LINE	
STAFF MEMBER	DATE	
Date response sent to inmate/offend	ler:	

Original to file
 Copy to inmate/offender