INMATE/OFFENDER GRIEVANCE

Grievance no. __________
Grievance code: __________
Response due: __________

DO NOT WRITE ABOVE THIS LINE

Date __________________________ Facility or Unit __________________________
Name __________________________ Facility Housing Unit __________________________
       (Print)
ODOC Number __________ Date “Request to Staff” response received: __________

Have you previously submitted a grievance on this same issue? ______ If yes, what date ________, facility ________, grievance # ________. You must submit this completed original within 15 days of the receipt of the response to the “Inmate/Offender Grievance Process Request to Staff,” (DOC 090124D). The “Inmate/Offender Grievance Process Request to Staff,” (DOC 090124D), must have been submitted within (7) days of the incident. Do not include/attach anything to this grievance except the “Inmate/Offender Grievance Process Request to Staff,” (DOC 090124D), including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.

2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.

3. The action you believe the reviewing authority may lawfully take.

Grievance report sent to (warden/facility head/administrator/correctional health services administrator):

Name __________________________ Title __________________________
Signature of Grievant __________________________ Date Sent to Reviewing Authority __________________________

1. Original to file
2. Copy to inmate/offender