INMATE/OFFENDER GRIEVANCE

Grievance no. _____

Grievance code: _____

Response due: _____

DO NOT WRITE ABOVE THIS LINE

Date _____ Facility or District _____

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 "Request to Staff". The "Request to Staff" must have been submitted within 7 days of the incident. Do not include/attach anything to this grievance except the "Request to Staff" 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/district supervisor/correctional health services administrator):

_____ _____
Name Title

_____ _____
Signature of Grievant Date Sent to Reviewing Authority

DOC 090124A (R 7/16)

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