

Grievance Decision from Reviewing Authority

Inmate/Offender Name: _____ DOC Number: _____
Receipt Date: _____ Grievance Category Code: _____ Grievance Number: _____

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1. Discrimination 3. Complaint against staff 5. Disciplinary process 7. Medical 9. Records/Sentence Admin.
2. Classification 4. Condition of confinement 6. Legal 8. Property/Trust 10. Religion 11. Personal Identity
Fund
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Decision:

Reviewing Authority – Facility Health Services Admin (medical issues) Date

Review Authority – Facility/District/Unit Head Date

I have received a copy of the decision of the reviewing authority.

Signature of Grievant Date

Signature of Staff Witness and Printed Name of Witness Date

You may appeal to the Administrative Review Authority or Personal Identity ARA at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA at 2901 N. Classen Blvd, Suite 200, Oklahoma City, OK 73106, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority or Medical ARA.

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