

**Offender GRIEVANCE FORM (Facsimile)****INSTITUTIONAL STAFF USE ONLY**

OFFENDER NAME \_\_\_\_\_ OFFENDER NUMBER \_\_\_\_\_

INSTITUTION \_\_\_\_\_ GRIEVANCE NUMBER \_\_\_\_\_

DATE COMPLETED FORM RECEIVED FROM OFFENDER \_\_\_\_/\_\_\_\_/\_\_\_\_ BY  
\_\_\_\_\_

DATE APPEAL RECEIVED \_\_\_\_/\_\_\_\_/\_\_\_\_ BY \_\_\_\_\_

YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DESCRIPTION OF INCIDENT:

RESOLUTION REQUESTED:

Offender Signature \_\_\_\_\_

Date \_\_\_\_\_

Is this grievance being filed within the 10-day time limit? Please answer Yes or No. If the answer is No, please explain why.**RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL**

OFFENDER'S NAME \_\_\_\_\_

GDC I.D. #: \_\_\_\_\_

I ACKNOWLEDGE RECEIPT OF GRIEVANCE FORM FROM THE ABOVE INMATE.

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ COUNSELOR'S SIGNATURE \_\_\_\_\_

*Form PI-2001*