CONFIDENTIAL

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.

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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

Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.