# STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: DATE:

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM:

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Offender's: Name:

GDC #:

Offender's Basic Allegation or Complaint:

Summary of Investigation:

Staff Signature: Date:

Concur with Staff Yes: ☐ No: ☐
Findings:
Grievance Coordinator: _____

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

(Reproduced locally)