

**WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE**

Offender's Name:

Grievance Number:

GDC #:

Facility:

RESPONSE TO GRIEVANCE:

\_\_\_\_\_  
Warden's/Superintendent's Signature

\_\_\_\_\_  
(Date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

\_\_\_\_\_  
Offender's Signature

\_\_\_\_\_  
(Date)

*You have seven (7) calendar days within which to appeal this Response to your Grievance Coordinator. If the last day is not a business day at your institution, you may file it on the next day that is a business day.*