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 business day.

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