DATE APPEAL RECEIVED FROM OFFENDER_____

GRIEVANCE APPEAL FORM

_____	_____	_____
OFFENDER NAME	I.D. NUMBER	GRIEVANCE NUMBER

I reject the Warden's/Superintendent's response to my grievance. The basis for this appeal is as follows:

_____

_____

_____

_____

_____

_____

_____

_____

_____

NOTE: The option to appeal a proposed resolution rests with the grievant. All grievances indicating a desire for appeal will be forwarded to the next level. However, to allow a full review of all issues the grievant wishes considered, he or she should state these reasons clearly in the appeal. Statements such as "not satisfied" or "appeal further" will result only in a general review. **If for some reason this appeal is being submitted later than the allotted time frame, please state clearly the reasons why if you wish for this appeal to be considered.** This appeal form along with the Grievance Form must be submitted to your Counselor or Grievance Coordinator.

OFFENDERS'S
SIGNATURE: _____DATE:_____

RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL

OFFENDER'S NAME: _____ I.D.#_____

I ACKNOWLEDGE RECEIPT OF GRIEVANCE APPEAL NUMBER_____FROM THE ABOVE OFFENDER.

DATE: _____/_____/_____ COUNSELOR'S SIGNATURE: _____

(Reproduced locally)

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