GEORGIA DEPARTMENT OF CORRECTIONS





Accepted: Notification of Referral to the Criminal Investigations Division (OPS)

ТО:	Offender Name, GDC#Fac	cility/Center	
FROM:	Warden/Superintendent Fac	cility/Center	
RE:	GRIEVANCE#		
		ur grievance that was filed onature of the allegation, an investigation	
Criminal Division response closes yo	Investigations Division on will determine what action is to your grievance and effectivour grievance, the investigati	for review. The Cris appropriate. As a result, this letter vely closes your grievance. Although ve process will continue. The decises Division and to close your grievance.	minal Investigation serves as the forma this letter effectively sion to forward you
You will Division.	be notified upon the comple	etion of the investigation by The Cr.	iminal Investigation
Warden/S	Superintendent	Date	
Offender	GDCID#	 Date	

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