# Active Grievances Process Form

Offender Name: Date:

Offender GDC#: Grievance #

From: Grievance Coordinator

The attached grievance has exceeded your filing limit. Per SOP, you may only have two (2) active grievances at the local level. You have the option to drop one (1) of your active grievances (#_____) or (#_____). If you do not wish to drop one (1) of your active grievances, this grievance will not be processed.

If you choose to drop one (1) of the two (2) active grievances noted above, return this form and the attached grievance to your counselor within five (5) calendar days of receipt. Please note below the grievance number you wish to drop and sign and date. The active grievance you choose to drop will not be reviewed further and any ability to file a grievance or otherwise seek administrative review will be forfeited. Wardens/Superintendents must still act on the information contained in a rejected grievance that concerns the health or safety of any person in accordance with good prison management.

I, _____GDC#_____ wish to drop

my previous grievance (#_____).

_____ _____

Offender Signature Date

If the Counseling Department does not receive this form and the attached grievance back, your active grievances will continue to be investigated and the attached grievance will not be processed. It will not be reviewed further and any ability to file a grievance or otherwise seek administrative review will be forfeited.

Retention Schedule: This form is form shall be utilized as instructed in the SOP and does not need to be retained after use.