Rejected: Notification of Referral to the Facility ADA Coordinator

TO: Offender Name, GDC#
_____Facility/Center

FROM: Warden/Superintendent
_____Facility/Center

RE: GRIEVANCE #

This memorandum is in response to your grievance that was filed on _____. Upon review, it has been determined that you failed to follow the proper procedure for filing the formal grievance; therefore, this grievance is being rejected in accordance with policy. However, due to the nature of the allegation, an investigation is warranted.

Therefore, a copy of your grievance has been forwarded to the Facility ADA Coordinator on _____ for processing in accordance with SOP 103.63 Americans with Disabilities Act (ADA), Title II Provisions.

You will be notified upon the completion of the investigation by the Facility ADA Coordinator.

_____ _____
Warden/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.