

**INMATE/OFFENDER GRIEVANCE**

Grievance no. \_\_\_\_\_

Grievance code: \_\_\_\_\_

Response due: \_\_\_\_\_

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**DO NOT WRITE ABOVE THIS LINE**

Date \_\_\_\_\_ Facility or Unit \_\_\_\_\_

Name \_\_\_\_\_ Facility Housing Unit \_\_\_\_\_  
(Print)

ODOC Number \_\_\_\_\_ Date "Request to Staff" response received: \_\_\_\_\_

Have you previously submitted a grievance on this same issue? \_\_\_\_\_ If yes, what date \_\_\_\_\_, facility \_\_\_\_\_, grievance # \_\_\_\_\_. You must submit this completed original within 15 days of the receipt of the response to the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D). The "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), must have been submitted within (7) days of the incident. Do not include/attach anything to this grievance except the "Inmate/Offender Grievance Process Request to Staff," (DOC 090124D), including the response. You may quote from or make reference to statutes, operations, field, or administrative memoranda, department publications (time sheets, inventory forms, assessments, etc.). You will be permitted only one opportunity to correct any error(s) made in submitting your grievance.

1. The nature of your complaint. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per grievance. Use backside of this page only, if necessary.
  
2. Informal action taken (including dates) to resolve the complaint, as well as the names of those employees from whom you sought an answer to your grievance.
  
3. The action you believe the reviewing authority may lawfully take.

Grievance report sent to (warden/facility head/administrator/correctional health services administrator):

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date Sent to Reviewing Authority

1. Original to file
2. Copy to inmate/offender