Inmate Grievance Form A, Level 1
Connecticut Department of Correction

<table>
<thead>
<tr>
<th>Inmate Name</th>
<th>Inmate no.</th>
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</thead>
<tbody>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Facility</th>
<th>Housing unit</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern</td>
<td>I - E - 201</td>
<td>4-22-02</td>
</tr>
</tbody>
</table>

- **Line grievance**
- **Line emergency**
- **Health grievance**
- **Health emergency**

1. Informal resolution. Attach a copy of Inmate Request Form (CN 9602) containing the appropriate staff member's response, or indicate why the form is not attached.

   I'm not receiving adequate mental health treatment.

2. Nature of grievance. Indicate the events and reasons that led you to file this grievance. Specify dates, places, personnel involved, and how you were affected. (If you need more space, use an 8 1/2 by 11 inch sheet of paper and attach it to this form.)

   I want to receive adequate mental health treatment.

3. Action requested. Describe what action you want taken to remedy the grievance.

   We will provide adequate mental health treatment.

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<tr>
<th>IG no.</th>
<th>T no.</th>
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<tbody>
<tr>
<td>M7410378</td>
<td></td>
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</tbody>
</table>

Date received: 4-23-2003
Disposition: Compromise
Date of disposition: 4-29-03

Level 1 reviewer: [Signature]

You may appeal this decision within 5 days. Use Inmate Grievance Form B.
**Inmate Grievance**

**Confidential**

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**Disposition Code**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>R</td>
<td>Rejected</td>
</tr>
<tr>
<td>D</td>
<td>Denied</td>
</tr>
<tr>
<td>C</td>
<td>Compromise</td>
</tr>
<tr>
<td>U</td>
<td>Upheld</td>
</tr>
</tbody>
</table>
Inmate Grievance Form B, Levels 2 and 3

Inmate Name

Connecticut Department of Correction

Use this form to appeal. It must accompany the Level 1 decision. A decision will be undertaken if this form is filed within 5 days of the Level 1 response; deposit it in the box for inmate grievances.

I am appealing the Level 1 decision because:

Date

FOR OFFICIAL USE ONLY - LEVEL 2 REVIEW

Date of disposition

Date of disposition

设施

Health grievance

Health emergency

Line grievance

Line emergency

Housing unit

Wor-st

Date

Deposit your appeal in the box for inmate grievances.

FOR OFFICIAL USE ONLY - LEVEL 3 REVIEW

Date of disposition

Date of disposition

Date

Date

Inmate signature

Inmate signature

Inmate

level 2 reviewer

level 2 reviewer

This grievance may be appealed within 5 days to Level 3 (see A.D. 9.6, Section 17).
**Disposition Code**

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<td>U</td>
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<tr>
<td>W</td>
<td>Withdrawn</td>
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