RESIDENT GRIEVANCE FORM (step one)
Only 1 Complaint per Form

1. Print Your Name: ____________________________  Today's Date: ____________
   Your ID#: ____________________________ and Your Section: ____________________________

2. Please, check 1 box to show your grievance type.

   - [ ] Sick Call
   - [ ] Waiting too long for crutches, brace, treatment etc.
   - [ ] Other

   - [ ] Medication
   - [ ] Disagree with diagnosis or treatment
   - [ ] Need follow-up care

   - [ ] Got lost while on PC, Seg. at Court, Hospt.
   - [ ] Item(s) lost

   - [ ] Asked for mail-out, Never was delivered
   - [ ] Want mail-out

   - [ ] Want to name a designee or new designee
   - [ ] Other

   - [ ] Sink, toilet, shower
   - [ ] Telephone
   - [ ] Light

   - [ ] Flaking paint, mold
   - [ ] Ceiling, wall, floor, window
   - [ ] Other

   - [ ] Security
   - [ ] Food Service
   - [ ] Visits
   - [ ] Mail

   - [ ] Commissary
   - [ ] Recreation
   - [ ] Money
   - [ ] Other

3. Give all the important details about this grievance. What action or outcome do you want?

   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   Use other side if necessary.

4. Sign your name here: ____________________________

DPCS #38-92a (Rev 7-25-05)
RESIDENT GRIEVANCE FORM (step one)
CONTINUED

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[Blank spaces for text]

[Blank spaces for text]
MOTION FOR GRIEVANCE COMMITTEE

STEP II

NAME: ____________________  ID #: __________  SECTION: ______

REASON(S) FOR APPEAL: _______________________________________

____________________________________________________________________

GRIEVANT’S SIGNATURE: ____________________  DATE: ______

IGP COORDINATOR’S SIGNATURE: ____________________  DATE: ______

RESPONSE OF THE I.G.C. _______________________________________

____________________________________________________________________

I.G.C. MEMBERS ____________________  DATE: ______

____________________________________________________________________

DATE RETURNED TO GRIEVANT: __________

____________________________________________________________________

I AGREE/DISAGREE WITH THE COMMITTEE’S DECISION (Circle One)

GRIEVANT’S SIGNATURE: ____________________  DATE: ______

____________________________________________________________________

IF YOU ARE UNHAPPY WITH THE GRIEVANCE COMMITTEE’S RESPONSE, YOU
HAVE THE RIGHT TO APPEAL TO THE WARDEN. SEE THE INMATE GRIEVANCE
COORDINATOR.

DPDS - FORM # 38-62b
MOTION TO APPEAL TO THE WARDEN

STEP III

NAME: ___________________________ ID#: ___________ SECTION: ___________

REASON(S) FOR APPEAL: ______________________________________________________

____________________________________________________________________________

GRIEVANT'S SIGNATURE: ___________________________ DATE: __________

RESPONSE OF THE WARDEN: _______________________________________________________

____________________________________________________________________________

WARDEN'S SIGNATURE: ___________________________ DATE: __________

DATE RETURNED TO GRIEVANT: ___________________________

I AGREE/DISAGREE WITH THE WARDEN'S DECISION (Circle One)

GRIEVANT'S SIGNATURE ___________________________ DATE: __________

____________________________________________________________________________

IF YOU ARE UNHAPPY WITH THE WARDEN'S RESPONSE YOU HAVE THE RIGHT TO
APPEAL TO THE COMMISSIONER. SEE THE INMATE GRIEVANCE COORDINATOR.

DPDS - FORM #38-92c
MOTION FOR APPEAL TO THE COMMISSIONER

STEP IV

NAME: ___________________________ ID#: _______ SECTION: _______

REASON(S) FOR APPEAL: ____________________________________________

____________________________________________________________________

____________________________________________________________________

GRIEVANT’S SIGNATURE: ___________________________ DATE: _______

RESPONSE OF THE COMMISSIONER: ________________________________

____________________________________________________________________

____________________________________________________________________

COMMISSIONER’S SIGNATURE: ___________________________ DATE: _____

DATE RETURNED TO GRIEVANT: ___________________________