City of New York - Department of Correction
INMATE GRIEVANCE FORM

Facility ______________________ Grievance No. __________ Date ________

Name ______________________ No. __________ Housing Unit __________

Please Print or Type - This form must be filed within 3 days of Grievance Incident.
Please describe problem as briefly as possible.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Action requested by inmate:
________________________________________________________________________
________________________________________________________________________

Advisor/Interpreter requested: _____ Yes _____ No Who ______________________

Have you filed this grievance with any other agency or court _____ Yes _____ No
or with the Inspector General's office _____ Yes _____ No.

Grievant's Signature ______________________

Grievance Aide ______________________

*****************************************************************************
The IGRC proposes to informally resolve your grievance as follows:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Representative Signatures

________________________________________________________________________
________________________________________________________________________

If his informal resolution is accepted:

Grievant's Signature

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee.

Request a hearing of my grievance by the IGRC _____ Yes _____ No

Grievant's Signature

Form 7101-5 6/83
Hearing Recommendations:

Date returned to inmate ___________ IGRC MEMBERS

return within one day of receipt and check appropriate boxes.

1. [ ] I agree with the IGRC recommendation.

2. [ ] I wish to appeal to the Warden.

3. [ ] I disagree with the IGRC recommendation.

Grievant's Signature __________________________ Date ____________

Grievance Aide Signature __________________________ Date ____________

be completed by Grievance Coordinator (Check only one box).

[ ] Grievance appealed to the Warden __________________________ Date ____________

[ ] Grievance forwarded to the Warden for action upon IGRC recommendation __________________________ Date ____________

[ ] Grievance not forwarded to Warden (Explain) ____________________________________________________________

Coordinator's Signature __________________________