INMATE GRIEVANCE FORM

INMATE'S NAME ___________________________ USP# __________ HOUSING AREA __________

SECTION 1 - INFORMAL ACTION (To be completed by inmate.)

Specific nature of grievance (who, what, when, where and how):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Identify those contacted regarding your grievance and state what YOU HAVE DONE to resolve the issue:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What is the specific remedy you seek?: ______________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

INMATE'S SIGNATURE/DATE

Revised 7/1/03

FDr02/04.00
IF YOU HAVE NOT RESOLVED THE GRIEVANCE AT THE INFORMAL LEVEL AND WISH TO APPEAL TO LEVEL TWO (FORMAL), THE INMATE MUST COMPLETE PAGE 2 AND FORWARD IT THROUGH THE PRISON MAIL SYSTEM TO THE LEVEL ONE DTO WHO SHALL FORWARD IT WITH ALL LEVEL ONE INFORMATION TO THE LEVEL TWO DTO.

SECTION 2 -- FORMAL GRIEVANCE ACTION

To be completed by the inmate:

Why is the Informal Response unacceptable? (Be specific) ____________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________
__________________________________________________________

Inmate's Signature/Date
Reference No: __________________________
Subject Code: __________________________
Location Code: __________________________
Day/Month/Year: _________________________
Level: TWO

Turn sheet over for more space. If additional pages are necessary, please attach to this sheet.

STAFF MEMBER'S SIGNATURE __________________________ DATE __________

Revised 7/1/03 FDr02/04.00
SUPPLEMENTAL GRIEVANCE PAGE

Reference No: ______________________
Subject Code: ______________________
Location Code: ______________________
Day/Month/Year: ____________________
Level: _____________________________

INMATE'S SIGNATURE ___________________________ DATE ___________________________

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GRIEVANCE APPEAL FORM

Reference No: __________________________
Subject Code: __________________________
Location Code: _________________________
Day/Month/Year: ________________________
Level: Three

Name __________________________ USP Number __________________________ Housing Unit __________________________

REASONS FOR APPEAL

List the reasons why the prior administrative grievance decision is unacceptable.

If additional pages are necessary, please attach to this sheet.

SIGNATURE __________________________ DATE SUBMITTED __________________________

THIS DOCUMENT MUST BE SENT THROUGH UTAH STATE PRISON MAIL - NO POSTAGE NEEDED.

Revised 7/1/03 FDr02/04.00