

## Inmate Grievance Forth & Level 1 Connecticut Department of Caraction

CN 9601/1 Rev. 10/07/02

	Inmate Name			Inmate no.		
1. Informal resolution. Attach a copy of Inmate Request 1 cm (CN 9602) containing the appropriate staff member's response, or indicate with the form is not attached.  2. Nature of grievance. Indicate the events and reasons in the first of the this grievance. Specify dates, places, personnel involved, and how you were affected. (If you need more space, use an 8 ½ by 11 inch sheet of paper and attach it to this form:  3. Action requested. Describe what action you want taken to remedy the grievance.  Inmate signature  You may appeal this decision within 5 days. Use threate Grievance Form B.  FOR OFFICIAL USE ONLY—LEVEL. REVIEW  IGP no.  Date received  Disposition  Date of disposition  Grievance issue  Reasons	Facility		Housing unit		Date	<del>-</del>
appropriate staff member's response, or indicate why the som is not attached.  2. Nature of grievance. Indicate the events and reasons in the dyou to file this grievance. Specify dates, places, personnel involved, and how you were affected. (If you need more space, use an 8 ½ by 11 inch sheet of paper and attach if to this form.)  3. Action requested. Describe what action you want taken to demand the grievance.  Inmate signature  You may appeal this decision within 5 days: Use timate Grievance Form B.  FOR OFFICIAL USE ONLY — LEVEL REVIEW  IGP no.  Date received  Disposition  Date of disposition  Grievance issue  Reasons	Line grievance	Line emergeno	y 🗋 Health	grevance	☐ Health emergency	
dates, places, personnel involved, and how you wars after sed. (If you need more space, use an 8 ½ by 11 inch sheet of paper and attach it to this form.)  3. Action requested. Describe what action you want taken to remedy the grievance.  Inmate signature  You may appeal this decision within 5 days. Use intrate Grievance Form B.  FOR OFFICIAL USE ONLY—LEVEL T. REVIEW  IGP no.  Date received  Disposition  Date of disposition  Grievance issue  Reasons	Informal resolution. Attac appropriate staff member	CN 9602) containing the span is not attached.				
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Inmate signature  You may appeal this decision within 5 days. Use himstee Grievance Form B.  FOR OFFICIAL USE ONLY—LEVEL 1. REVIEW  IGP no.  Date received  Disposition  Date of disposition  Grievance issue  Reasons	dates, places, personnel	nvolved, and ho	w you were an			
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FOR OFFICIAL USE ONLY—LEVEL 1 REVIEW  IGP no. T no.  Date received Disposition Date of disposition  Grievance issue  Reasons	Inmate signature	· · · · · · · · · · · · · · · · · · ·				
IGP no.  Date received  Disposition  Grievance issue  Reasons	You may appeal t	his decision with	in 5 days. Use	mmate Gri	evance Form B.	
Date received Disposition Date of disposition  Grievance issue  Reasons	·	REVIEW				
Grievance issue Reasons	IGP no.		T no.			
Reasons	Date received	Disposition		Da	ate of disposition	,
	Grievance issue	,				
Level 1 reviewer	Reasons					
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## Inmate Grievance Form B, Levels 2 and 3 Connecticut Department of Correction

CN 9601/2 Rev. 10/07/02

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Inmate Name			lnn	nate no.	
Facility		Housing unit		Date	
Line grievance	Line emergency	y	ince 🔲	Health emergency	
IGP no.	· · · · · · · · · · · · · · · · · · ·	T no.	· , .		
Use this form to appeal a Le must accompany this form; n appeal must be filed with	o review will be in 5 days of the	undertaken if they do	not acco	mpany this form. Yo	its our
Appeal. I am appealing the Le	vel 1 decision b	ecause:			
	•				
Inmate signature			:	Date	•
FOR	OFFICIAL USE	ONLY - LEVEL 2 A	EVIEW		
Date received	Disposition		Date of c	disposition	
Reasons					
				*	ţ
Level 2 reviewer					
This grievance may be app	ealed within 5 d	lays to Level 3			
☐ This grievance may not be	appealed to Lev	vel 3 (see A.D. 9.6. S	ection 17)		٠. ١
Appeal. I am appealing the Lev	el 2 decision be	ecause:			
	. •		· ·		
Inmate signature	·			Date	$\neg$
Deposit	your appeal in	the box for inmate gr	ievances	1	
FOR	OFFICIAL USE	ONLY - LEVEL 8 R	EVIEW		
Date received	Disposition		Date of disposition		
Reasons				No. 40. 10. 10. 10. 10. 10. 10. 10. 10. 10. 1	
Level 3 reviewer			•		1