



Inmate Grievance Form A, Level 1

Connecticut Department of Correction

CN 96
Rev. 1/

Inmate Name [REDACTED]		Inmate no. [REDACTED]	
Facility	NORTHERN.C.I.	Housing unit	1-E-201
		Date	4-22-03
<input type="checkbox"/> Line grievance	<input type="checkbox"/> Line emergency	<input type="checkbox"/> Health grievance	<input checked="" type="checkbox"/> 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.

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 a 8 1/2 by 11 inch sheet of paper and attach it to this form.) I'm not receiving adequate mental health treatment.

3. Action requested. Describe what action you want taken to remedy the grievance. I would like to receive adequate mental health treatment.

Inmate signature [REDACTED]

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

FOR OFFICIAL USE ONLY - LEVEL 1 REVIEW

IGP no.	M410378	T no.	
Date received	4-23-2003	Disposition	Compromise
Grievance issue		Date of disposition	
Mental Health Treatment		4-29-03	
Reasons			
We will provide adequate mental health treatment.			

Level 1 reviewer [REDACTED]

Housing location 1 - EAST - 201

Inmate name [REDACTED] Inmate no. [REDACTED]

Inmate Grievance

Confidential

[REDACTED]

Disposition Code

- R Rejected** Your grievance does not comply with the requirements for filing a grievance for the reasons stated.
- D Denied** The subject of your grievance is a grievable matter, but the grievance is denied for the reasons stated.
- C Compromise** Some part(s) of your grievance is(are) justified. A remedy is offered consistent with the part(s) of the grievance that is(are) justified.
- U Upheld** Your grievance is justified.

[REDACTED]

received on 7/17/03



Inmate Grievance Form B, Levels 2 and 3

Connecticut Department of Correction

CN 9601/2
Rev. 10/07/02

Inmate Name [REDACTED]

Facility Northern Inmate no. [REDACTED]

Line grievance CT Housing unit Worst Date 5/28/2003

Line emergency Health grievance Health emergency

SP no. 1410317 T no. _____

Use this form to appeal a Level 1 decision. Grievance Form A (for Level 1) and any attachments must accompany this form; no review will be undertaken if they do not accompany this form. Your appeal must be 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: as I have stated I am not getting adequate mental health treatment here at this facility mental health personnel do not even stop at my cell door to speak with me when they do tour. The Tier I am housed

Inmate signature _____ Date 5/28/03

FOR OFFICIAL USE ONLY - LEVEL 2 REVIEW

Date received 6-2-03 Disposition Denied Date of disposition 6/18/03

Reasons Adequate mental health care is provided to all inmates at NCC

Level 2 reviewer [Signature]

This grievance may be appealed within 5 days to Level 3

~~This grievance may not be appealed to Level 3 (see A.D. 9.6, Section 17)~~

I am appealing the Level 2 decision because:

Inmate signature _____ Date _____

Deposit your appeal in the box for inmate grievances

FOR OFFICIAL USE ONLY - LEVEL 3 REVIEW

Date received _____ Disposition _____ Date of disposition _____

Reasons _____

Level 3 reviewer _____

