

Department of Public Safety & Correctional Services
Division of Pretrial Detention & Services

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.

- MEDICAL**
- Sick Call
 - Waiting too long for crutches, brace, treatment etc.
 - Other
 - Medication
 - Disagree with diagnosis or treatment
 - Need follow-up care

- PROPERTY**
- 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

- REPAIRS**
- 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: _____

180-1 (7-25-05)

Appendix A

Department of Public Safety & Correctional Services
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RESIDENT GRIEVANCE FORM (step one)
CONTINUED

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: _____

_____ 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.

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.

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: _____