

DOC GRIEVANCE FORM

GRIEVANCE NUMBER: _____
GRIEVANCE OFFICER: _____
DATE RECEIVED: _____
(Administrative Use Only)

NAME: _____ INMATE # _____

INSTITUTION AND LIVING UNIT: _____

[Prepare this section when submitting a grievance to the Chief Executive Officer]

I have discussed my problem with Informal Grievance Officer

(Name)

Describe your attempt to resolve your problem by talking with the above, and why the result was not satisfactory:

Nature or description of problem (describe in detail) and what you want to happen to solve this problem:

(Use and attach additional paper, if necessary, and provide any supporting evidence or documents)

Signed: _____ Date: _____

NOTE: You may appeal the resolution of this grievance by filing an appeal within ten (10) days of the response to your grievance. Use a grievance appeal form for filing your appeal.

NOTE: If your grievance challenges a general policy or practice of the Institution, it may be reviewed by the grievance review committee. Individual names and specific facts will not be disclosed. However, if you object to any inmate review or the review by a specific inmate who serves on the committee, indicate below:

- _____ I object to any inmate review
- _____ I object to review by inmate _____
- _____ I have no objection to inmate review

DOC GRIEVANCE APPEAL FORM

DATE RECEIVED BY DIRECTOR: _____

(Administrative Use Only)

NAME: _____ INMATE # _____

INSTITUTION AND LIVING UNIT: _____

APPEAL TO GRIEVANCE NUMBER: _____

[Prepare this section when filing an appeal to a chief executive officer's grievance decision.]

I ___ have/___ have not attempted to solve my problem at the institutional grievance level.

Nature or description of problem (describe in detail); why you are appealing the institution's grievance decision; and what you want the Director to do about your problem:

Signed: _____ Date: _____

(Use additional paper if necessary. Provide all information and documents which will fully explain the problem and earlier attempts to resolve it at the institutional level.)

NOTICE

THIS NOTIFICATION IS TO BE PERMANENTLY POSTED IN PREDOMINANT PLACES ACCESSIBLE TO ALL INMATES AND STAFF IN ALL INSTITUTIONS OF THE WYOMING DEPARTMENT OF CORRECTIONS.

TO: ALL INMATES/OFFENDERS AND EMPLOYEES

INSTITUTION:

LOCATION

OF

POSTING:

DATE

POSTED:

The Wyoming Department of Corrections invites your continuing comments on the credibility and effectiveness of the DOC inmate grievance procedure. Your good faith comments will be treated confidentially, may not be a basis for retaliation, and will be utilized in the DOC's ongoing evaluation of the procedure.

Please direct your written comments at any time to:

Director
Wyoming Department of Corrections
700 West 21st Street
Cheyenne, Wyoming 82002
