



Inmate Grievance Form A, Level 1

Connecticut Department of Correction

CN 9601/1
Rev. 10/07/02

Inmate Name		Inmate no.	
Facility	Housing unit	Date	
<input type="checkbox"/> Line grievance		<input type="checkbox"/> Line emergency	
<input type="checkbox"/> Health grievance		<input 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 an 8 1/2 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 Inmate Grievance Form B.			
FOR OFFICIAL USE ONLY - LEVEL 1 REVIEW			
IGP no.		T no.	
Date received	Disposition	Date of disposition	
Grievance issue			
Reasons			
Level 1 reviewer			



Inmate Grievance Form B, Levels 2 and 3

Connecticut Department of Correction

CN 9601/2
Rev. 10/07/02

Inmate Name	Inmate no.
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Facility	Housing unit	Date
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Line grievance
 Line emergency
 Health grievance
 Health emergency

IGP no.	T no.
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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.

Appeal. I am appealing the Level 1 decision because:

Inmate signature	Date
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FOR OFFICIAL USE ONLY – LEVEL 2 REVIEW

Date received	Disposition	Date of disposition
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Reasons

Level 2 reviewer

- 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)

Appeal. I am appealing the Level 2 decision because:

Inmate signature	Date
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Deposit your appeal in the box for inmate grievances

FOR OFFICIAL USE ONLY – LEVEL 3 REVIEW

Date received	Disposition	Date of disposition
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Reasons

Level 3 reviewer