

Iowa Department of Corrections
GRIEVANCE RESTRICTION/REVIEW

DATE: _____
TO: _____
FROM: _____ Warden/Superintendent
SUBJECT: Grievance Restriction _____

You have filed _____ grievances since _____.

I have determined, upon consultation with the Grievance Officer that this multiple use of the procedure constitutes abuse or improper use and indicates frivolous use by you. (IDOC Policy **IO-OR-06**.)

Effective immediately, you will be limited to _____ grievances per calendar month. I will reassess your privilege each month.

Complaints submitted by you in excess of this will be returned to you unanswered.

.....
Date: _____

REVIEW OF RESTRICTION

On _____ your access to the grievance resolution process was restricted.

On this date, that restriction was reviewed. My decision is:

_____ The restriction will continue as is with another review in approximately 30 days.

_____ The restriction is ended. Future misuse of the grievance resolution process may result in further restrictions.

_____ The restriction will be modified as follows: _____

cc: Grievance Officer
Counselor
Grievance Appeal Coordinator
File