

PRISONER GRIEVANCE FORM
Policies 29.1 and 29.2

MAINE DEPARTMENT OF CORRECTIONS

TO BE COMPLETED BY GRIEVANCE REVIEW OFFICER: DATE RECEIVED _____ LOG NUMBER _____
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Name **MDOC Number** **Housing Unit**

A grievance must be filed with the Grievance Review Officer within fifteen (15) days of the matter being grieved. If you are filing after the expiration of the fifteen (15) day limit because it was not possible for you to have filed a grievance within the fifteen (15) day limit, explain what prevented filing within the time limit in the space below.

Explanation:

USE ONLY THE SPACE BELOW

Concisely state the specific nature of your complaint, including all persons and dates involved, and state the specific remedy requested. You must include information showing when the fifteen (15) day time limit began:

Signature of Prisoner

Date

Before filing a grievance with the Grievance Review Officer, you must have made an attempt at an informal resolution, by submitting this form to a supervisor designated by the facility Chief Administrative Officer within five (5) days of the matter being grieved.

Print Name of Supervisor
(or HSA, if applicable)

Signature of Supervisor
(or HSA, if applicable)

Date of Receipt of Form

Complaint Resolved. Describe resolution, including implementation date: _____

Signature of Staff Resolving Complaint

Signature of Prisoner Agreeing to Resolution

Complaint Not Resolved. Describe actions taken in attempt to resolve:

Signature of Staff Attempting Resolution

Date Form Returned to Prisoner

Original to Grievance Officer
Prisoner to keep copy