

City of New York - Department of Correction
INMATE GRIEVANCE FORM

Facility _____ Grievance No. _____ Date _____

Name _____ No. _____ Housing Unit _____

Please Print or Type - This form must be filed within 3 days of Grievance Incident)

Please describe problem as briefly as possible. _____

Action requested by inmate: _____

Advisor/Interpreter requested: _____ Yes _____ No Who _____

Have you filed this grievance with any other agency or court _____ Yes _____ No
or with the Inspector General's office _____ Yes _____ No.

Grievant's Signature _____

Grievance Aide _____

The IGRC proposes to informally resolve your grievance as follows: _____

Representative Signatures

This informal resolution is accepted:

_____ Grievant's Signature

If unresolved, you are entitled to a hearing by the Inmate Grievance Resolution Committee.

I request a hearing of my grievance by the IGRC _____ Yes _____ No

_____ Grievant's Signature

Hearing Recommendations: _____

Date returned to inmate _____ IGRC MEMBERS _____

Return within one day of receipt and check appropriate boxes.

- 1. I agree with the IGRC recommendation.
- 1. I wish to appeal to the Warden.
- 1. I disagree with the IGRC recommendation.

Grievant's Signature Date

Grievance Aide Signature Date

To be completed by Grievance Coordinator (Check only one box).

Grievance appealed to the Warden _____
Date

Grievance forwarded to the Warden for action upon IGRC recommendation

Date

Grievance not forwarded to Warden (Explain) _____

Coordinator's Signature