

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE:
FROM: (INMATE NAME & NUMBER)	SIGNATURE of INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT:	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner 3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 ½ x 11" page). State all relief that you are seeking.		
B. List actions taken and staff you have contacted, before submitting this grievance.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy GOLDEN ROD Inmate Copy
Revised September 2000

DATE: _____
SUBJECT: Grievance Rejection Form
TO: _____
FROM: Facility Grievance Coordinator

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The attached grievance is being returned to you because you have failed to comply with the provision(s) of DC-ADM 804, Inmate Grievance System:

1. _____ Grievances related to the following issues shall be handled according to procedures specified in the policies listed and shall not be reviewed by the Facility Grievance Coordinator:
 - a. DC-ADM 801-Inmate Disciplinary and Restricted Housing Unit Procedures
 - b. DC-ADM 802-Administrative Custody Procedures
 - c. other policies not applicable to DC-ADM 804.
2. _____ The grievance does not indicate that you were personally affected by a Department or facility action or policy.
3. _____ Group grievances are prohibited.
4. _____ The grievance was not signed and/or dated **with your commitment name and number**.
5. _____ Grievances must be legible, **understandable**, and presented in a courteous manner.
6. _____ The grievance exceeded the two (2) page limit. Description needs to be brief.
7. _____ Grievances based upon different events shall be presented separately.
8. _____ The grievance was not submitted within fifteen (15) working days after the events upon which claims are based.
9. _____ You are currently under grievance restriction. You are limited to one grievance each **15** working days. You filed grievance # _____ on _____ Date
10. _____ Grievance involves matter(s) that occurred at another facility and should be directed by the inmate to the appropriate facility.
11. _____ The issue(s) presented on the attached grievance has been reviewed and addressed previously **in grievance no.** _____ **dated** _____.