



TENNESSEE DEPARTMENT OF CORRECTION

INMATE GRIEVANCE

NAME NUMBER INSTITUTION & UNIT

DESCRIPTION OF PROBLEM:

REQUESTED SOLUTION:

Signature of Grievant Date

TO BE COMPLETED BY GRIEVANCE CLERK

Grievance Number Date Received Signature Of Grievance Clerk

INMATE GRIEVANCE COMMITTEE'S RESPONSE DUE DATE:

AUTHORIZED EXTENSION: New Due Date Signature of Grievant

INMATE GRIEVANCE RESPONSE

Summary of Supervisor's Response/Evidence:

Chairperson's Response and Reason(s):

DATE: CHAIRPERSON:

Do you wish to appeal this response? YES NO

If yes: Sign, date, and return to chairman for processing within five (5) days of receipt of first-level response.

GRIEVANT DATE WITNESS

Distribution Upon Final Resolution:

White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner (if applicable)



TENNESSEE DEPARTMENT OF CORRECTION
INMATE GRIEVANCE RESPONSE

NAME NUMBER INSTITUTION & UNIT GRIEVANCE NUMBER

Summary of Evidence and Testimony Presented to Committee _____

Inmate Grievance Committee's Response and Reasons _____

DATE CHAIRMAN MEMBER

MEMBER MEMBER MEMBER

Warden's Response: Agrees with Proposed Response
Disagrees with Proposed Response
If Disagrees, Reason(s) for Disagreement _____

Action Taken: _____

DATE: _____ WARDEN'S SIGNATURE: _____

Do you wish to appeal this response? _____ YES _____ NO

If yes: Sign, date, and return to chairman for processing. Grievant may attach supplemental clarification of issues or rebuttal/reaction to previous responses if so desired.

GRIEVANT DATE WITNESS

Commissioner's Response and Reason(s): _____

DATE SIGNATURE

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White - Inmate Grievant Canary - Warden Pink - Grievance Committee Goldenrod - Commissioner

