INMATE GRIEVANCE FORM

GF-1

INMATE'S NAME _____ USP# _____ HOUSING AREA _____

SECTION 1 - INFORMAL ACTION *(To be completed by inmate.)*

Specific nature of grievance (who, what, when, where and how): _____

Identify those contacted regarding your grievance and state what YOU HAVE DONE to resolve the issue: _____

What is the specific remedy you seek?: _____

_____

INMATE'S SIGNATURE/DATE

INMATE GRIEVANCE FORM
(Page 2)

IF YOU HAVE NOT RESOLVED THE GRIEVANCE AT THE INFORMAL LEVEL AND WISH TO APPEAL TO LEVEL TWO (FORMAL), THE INMATE MUST COMPLETE PAGE 2 AND FORWARD IT THROUGH THE PRISON MAIL SYSTEM TO THE LEVEL ONE DTO WHO SHALL FORWARD IT WITH ALL LEVEL ONE INFORMATION TO THE LEVEL TWO DTO.

SECTION 2 -- FORMAL GRIEVANCE ACTION

To be completed by the inmate:

Why is the Informal Response unacceptable? (Be specific) _____

_____

Inmate's Signature/Date

GF-2

Reference No: _____
Subject Code: _____
Location Code: _____
Day/Month/Year: _____
Level: **TWO**

STAFF RESPONSE FORM

STAFF RESPONSE/RECOMMENDATIONS:

Turn sheet over for more space. If additional pages are necessary, please attach to this sheet.

_____ _____

STAFF MEMBER'S SIGNATURE DATE

GF-3

Reference No: _____

Subject Code: _____

Location Code: _____

Day/Month/Year: _____

Level: _____

SUPPLEMENTAL GRIEVANCE PAGE

_____

INMATE'S SIGNATURE

_____

DATE

GF-5

Reference No:_____
Subject Code:_____
Location Code:_____
Day/Month/Year:_____
Level: **Three**

GRIEVANCE APPEAL FORM

_____ _____ _____
Name USP Number Housing Unit

REASONS FOR APPEAL

List the reasons why the prior administrative grievance decision is unacceptable.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

If additional pages are necessary, please attach to this sheet.

_____ _____
SIGNATURE DATE SUBMITTED

THIS DOCUMENT MUST BE SENT THROUGH UTAH STATE PRISON MAIL - NO POSTAGE NEEDED.