



Inmate Grievance Form A, Level 1

Connecticut Department of Correction

CN 9601/1
Rev. 10/07/02

Inmate Name		Inmate no.	
Facility	Housing unit	Date	
<input type="checkbox"/> Line grievance		<input type="checkbox"/> Line emergency	
<input type="checkbox"/> Health grievance		<input type="checkbox"/> Health emergency	
1. Informal resolution. Attach a copy of Inmate Request Form (CN 9602) containing the appropriate staff member's response, or indicate why the form is not attached.			
2. Nature of grievance. Indicate the events and reasons that led you to file this grievance. Specify dates, places, personnel involved, and how you were affected. (If you need more space, use an 8 1/2 by 11 inch sheet of paper and attach it to this form.)			
3. Action requested. Describe what action you want taken to remedy the grievance.			
Inmate signature			
You may appeal this decision within 5 days. Use Inmate Grievance Form B.			
FOR OFFICIAL USE ONLY - LEVEL 1 REVIEW			
IGP no.		T no.	
Date received	Disposition	Date of disposition	
Grievance issue			
Reasons			
Level 1 reviewer			



Inmate Grievance Form B, Levels 2 and 3

Connecticut Department of Correction

CN 9601/2
Rev. 10/07/02

Inmate Name _____ Inmate no. _____

Facility _____ Housing unit _____ Date _____

Line grievance Line emergency Health grievance Health emergency

IGP no. _____ T no. _____

Use this form to appeal a Level 1 decision. Grievance Form A (for Level 1) and any attachments must accompany this form; no review will be undertaken if they do not accompany this form. Your appeal must be filed within 5 days of the Level 1 response, deposit it in the box for inmate grievances.

Appeal. I am appealing the Level 1 decision because:

Inmate signature _____ Date _____

FOR OFFICIAL USE ONLY – LEVEL 2 REVIEW

Date received _____ Disposition _____ Date of disposition _____

Reasons

Level 2 reviewer

This grievance may be appealed within 5 days to Level 3

This grievance may not be appealed to Level 3 (see A.D. 9-6, Section 17)

Appeal. I am appealing the Level 2 decision because:

Inmate signature _____ Date _____

Deposit your appeal in the box for inmate grievances

FOR OFFICIAL USE ONLY – LEVEL 3 REVIEW

Date received _____ Disposition _____ Date of disposition _____

Reasons

Level 3 reviewer