MICHIGAN DEPARTMENT OF CORRECTIONS

PRISONER/PAROLEE GRIEVANCE FORM

4835-4247	10/94
C S	:1-2474

Date Received at Step I	Grievance Id	lentifier:	
		ssue. If you have any questions	concerning the grievance
procedure, refer to PD 03.02.13	0 and OP 03.02.130 ava	ilable in the prison Law Library.	
Name (print first, last)	Number	Institution Lock Number	Date of Incident Today's Date
What attempt did you make to re If none, explain why.	esolve this issue prior to	 writing this grievance? On what c	date?
State problem clearly. Use separation for copies of each page and supto the Grievance Coordinator in a	porting documents must	t be submitted with this form. The	
			Grievant's Signature
RESPONSE (Grievant Interview	ved? Yes NO	If No, give explanation. If re	
RESPONSE (Grievant interview	veu:TesNO	ii No, give explanation. If re	solved, explain resolution.)
Respondent's Signature	Date	Reviewer's Signature	Date
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title
Data Datumand to			
Date Returned to Grievant: If resolved at	Step I, Grievant sign her	re.	