

CONFIDENTIAL

**Iowa Department of Corrections
OFFENDER GRIEVANCE COMPLAINT**

Grievance No.

(For Grievance Officer Use Only)

Your grievance will be returned unprocessed if all information is not completed.

Name: _____ Date: _____

Number: _____ Housing Unit: _____

I consider this grievance to be:

Standard Emergency

Description of Problem: (This should include the incident date/time/location, etc.)

(Attach additional sheets/receipts if necessary)

Documentation of Informal Resolution Attempt:

You must have attempted to resolve informally with a appropriate staff prior to filing a formal grievance. Have you attempted to resolve this issue informally? Yes No
NOTE: If yes, you must list specifically what steps you have taken and with whom.

Name of staff member with whom I attempted to resolve informally: _____

Date of informal resolution attempt: _____

Form of communication (kite, face to face meeting, etc.) _____

Reason the informal resolution was not successful: _____

Grievant Signature _____ Date _____

Action Requested by Offender: _____

Grievance Officer Receipt _____ Date _____
