

CR-1394 (Rev. 3-00)

TENNESSEE DEPARTMENT OF CORRECTION INMATE GRIEVANCE

NAME	NUMBER	INSTITUTION & UNIT
ESCRIPTION OF PROBLEM:		
	·	
EQUESTED SOLUTION:		
		-
	·	
Signature of Grieva	ant	Date
	TO BE COMPLETED BY GRIEVAN	CE CLERK
Grievance Number	Date Received	Signature Of Grievance Clerk
Onevance Number	Date Necewed	Oignature of onevarior oteric
MATE GRIEVANCE COMMITTEE'S F	RESPONSE DUE DATE:	
UTHORIZED EXTENSION:	New Due Date	Signature of Grievant
	•	Signature of Grievant
	INMATE GRIEVANCE RESPO	
ımmary of Supervisor's Response/Evi	dence:	
hairperson's Response and Reason(s);	
ATE: CH/	AIRPERSON:	· · · · · · · · · · · · · · · · · · ·
o you wish to appeal this response?	YES	NO
yes: Sign, date, and return to chairn	nan for processing within five (5) days of	receipt of first-level response.
GRIEVANT	DATE	WITNESS

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TENNESSEE DEPARTMENT OF CORRECTION INMATE GRIEVANCE (continuation sheet)

DESCRIPTION OF PROBLEM:	
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Distribution Upon Final Resolution:



TENNESSEE DEPARTMENT OF CORRECTION INMATE GRIEVANCE LOG

FACILITY:	
DATE:	

GRIEVANCE NUMBER	TOMIS ID NUMBER	NAME	TDOC NUMBER	SUBJECT MATTER	DATE RECEIVED	1 ST LEVEL RESPONSE DUE DATE	1 ST LEVEL RESPONSE & DATE SIGNED	2 ND LEVEL HEARING DUE DATE	2 ND LEVEL HEARING DATE HELD	2 ND LEVEL RESPONSE DUE DATE FROM WARDEN	3 RD LEVEL DATE APPEALED TO COMMISSIONER	FINAL DISPOSITION LEVEL	FINAL DISPOSITION	FINAL DISPOSITION DATE
									·					
											·			

AD APPEAL DENIED

AL CONTAINS INAPP LANG

PREV GRIEV PEND L1

SAME AS PREV GRIEV

CORRCTV ACTION TAKEN

CONCUR W/WARDEN/COMM

CS CONCUR W/SUPERVISOR
CW CONCUR WITH WARDEN

FI FORWARD TO OTHER INST FS FAILS TO BE SPECIFIC FT FAIL TO FILE W/TIME

INAPPRO PROCED-AG/SU

INAPPR PROCED-CLAS iC INAPPR PROCED-DISC 1D

INCOMPLETE FORM
INAPPR PROCED-SENT CREDIT

IT INAPPR PROCED-SENT CREDIT

LM GRIEV LACKS MERIT

MC INAPPR - MONETARY CLAIM

MD MEDICAL DIAGNOSIS/SATCP MU ADDRESS MULT ISSUES

NR NOT RESOLVED

NS NOT SUBSTANTIATED NV NO VIOL, INDICATED

OG INAPPROPRIATE - OTHER AGENCY

RE RESOLVED

RESOLVED/FAVOR INMATE
RN RESOLVED/NOT FAVOR INMATE
VI INAPPR – VISITOR BEHAVIOR

WI WITHDRAWN/SETTLED



CR-1393 (Rev. 3-00)

TENNESSEE DEPARTMENT OF CORRECTION INMATE GRIEVANCE RESPONSE

NAME	NUMBER	INSTITUTION & UNIT	GRIEVANCE NUMBER
Summary of Evidence and Testimony Prese	ented to Committee		
nmate Grievance Committee's Response a	and Reasons		
		· ·	
DATE	CHAIRMAN		MEMBER
MEMBER	MEMBE		MEMBER
Narden's Response: Agrees with Propo			
Disagrees with Proposed Response			
f Disagrees, Reason(s) for Disagreement _			
Action Taken:			
DATE: WARD	EN'S SIGNATURE:		
Do you wish to appeal this response?	YES	NO	
f yes: Sign, date, and return to chairman to previous responses if so desired	for processing. Grievant m d.	ay attach supplemental clarificati	ion of issues or rebuttal/reaction
GRIEVANT	DATE		WITNESS
Commissioner's Response and Reason(s):			
DATE		SIGNA	TURE
Distribution Upon Final Resolution:	Canary Warden Pink G	riovance Committee Goldonrad	- Commissioner

RDA 2244



TENNESSEE DEPARTMENT OF CORRECTION RESPONSE OF SUPERVISOR OF GRIEVED EMPLOYEE OR DEPARTMENT

Grievance Number Inmate Name Inmate Num	E <u>:</u>	Date Due:	-	
	Grievance Number	Inmate Name		Inmate Number
	A CONTRACTOR OF THE CONTRACTOR			
	The Management of the Control of the			
	Miles de			A CONTINUE OF THE PROPERTY OF

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