OFFENDER
GRIEVANCE FORM

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? ______________________ When? ________
What was their response? -----------------------------------
What action was taken? -------------------------------------

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Action Requested to resolve your Complaint.

Offender Signature: _______________________ Date: ______________

Grievance Response:

Signature Authority: _______________________ Date: ______________

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: *Resubmit this form when the corrections are made.

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days.
- 3. Originals not submitted.
- 4. Inappropriate/Excessive attachments.
- 5. No documented attempt at informal resolution.
- 6. No requested relief is stated.
- 7. Malicious use of vulgar, indecent, or physically threatening language.
- 8. The issue presented is not grievable.
- 9. Redundant, Refer to grievance #__________________________
- 10. Illegible/Incomprehensible.
- 11. Inappropriate.

UGI Printed Name/Signature: _______________________ Date: ______________

Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: _______________________ Date: ______________

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Initial Submission</th>
<th>UGI Initials: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance #: ________</td>
<td>Screening Criteria Used: __________</td>
</tr>
<tr>
<td>Date Recd from Offender: __________</td>
<td>Date Returned to Offender: __________</td>
</tr>
</tbody>
</table>

2nd Submission

<table>
<thead>
<tr>
<th>UGI Initials: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance #: ________</td>
</tr>
<tr>
<td>Date Recd from Offender: __________</td>
</tr>
</tbody>
</table>

3rd Submission

<table>
<thead>
<tr>
<th>UGI Initials: ________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grievance #: ________</td>
</tr>
<tr>
<td>Date Recd from Offender: __________</td>
</tr>
</tbody>
</table>

Appendix F