GRIEVANCE RESPONSE FORM

1.

Date Stamp

Date Stamp

TO BE FILLED OUT BY STAFF			Grievance:
TO:			
Inmate Name FROM:		SID#	
	f Member	State Identification Nur	mber
1 List in detail action(s)	taken What action was t	aken? Was the action who	t the inmate requested? If not, why? Who took the
action? When was the	action taken – date/time?)	aken: was the action wha	t the filling requested: If not, why: who took the
		Do not type past this line	
Date:			Signature of Staff Member
71	Province 1 / Province	Court I	-
Receiving Facility (if not processing facility)	Received at Processing Facility	Sent to Inmate	Signature of Supervisor (Drint/Sign)
			Signature of Supervisor (Print/Sign)
			Distribution:

Date Stamp

White (Original grievance response form)

CD117b (09/19)