DEPARTMENT OF CORRECTIONS

PRISONER GRIEVANCE APPEAL STATEMENT

| PRINT NAME | INSTITUTION/MODULE | OFFENDER NUMBER | FSO LOG NUMBER | DIO LOG NUMBER |
|---|--|-------------------------------------|---------------------------------------|-------------------|
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| DATE OF APPEAL: | I appeal the Facility Manager's determination for the following reasons: | | | |
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| PRISONER'S SIGNATURE: | | | | |
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| I acknowledge receipt of this grievance DATE FILED IN STANDARDS' OFFIC | appeal statement and have log CE: FACILITY STANDA | ged it with the ap RDS OFFICER'S | propriate initially fil SIGNATURE: | ed grievance. |

DIRECTOR OF INSTITUTIONS'/MEDICAL ADVISORY COMMITTEE'S DECISION:

Distribution: Original to Prisoner Case File Facility Standards Officer Prisoner *Form 808.03D Rev. 10/06*