

Department of Public Safety & Correctional Services  
Division of Pretrial Detention & Services

**RESIDENT GRIEVANCE FORM (step one)**  
**Only 1 Complaint per Form**

#1 Print Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Your ID#: \_\_\_\_\_ and Your Section: \_\_\_\_\_

#2 Please, check 1 box to show your grievance type.

- MEDICAL**
- Sick Call       Waiting too long for crutches, brace, treatment etc.       Other
- Medication       Disagree with diagnosis or treatment       Need follow-up care

- PROPERTY**
- Got lost while on PC, Seg, at Court, Hospt.       Item(s) lost
- Asked for mail-out. Never was delivered       Want mail-out
- Want to name a designee or new designee       Other

- REPAIRS**
- Sink, toilet, shower       Telephone       Light
- Flaking paint, mold       Ceiling, wall, floor, window       Other

- Security       Food Service       Visits       Mail
- Commissary       Recreation       Money       Other

#3 Give all the important details about this grievance. What action or outcome do you want?

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Use other side if necessary.

#4 Sign your name here: \_\_\_\_\_

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**RESIDENT GRIEVANCE FORM (step one)**  
**CONTINUED**

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MOTION FOR GRIEVANCE COMMITTEE

STEP II

NAME: \_\_\_\_\_ ID #: \_\_\_\_\_ SECTION: \_\_\_\_\_

REASON(S) FOR APPEAL : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IGP COORDINATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

RESPONSE OF THE I.G.C. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I.G.C. MEMBERS \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_

DATE RETURNED TO GRIEVANT: \_\_\_\_\_

I AGREE/DISAGREE WITH THE COMMITTEE'S DECISION (Circle One)

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

IF YOU ARE UNHAPPY WITH THE GRIEVANCE COMMITTEE'S RESPONSE, YOU HAVE THE RIGHT TO APPEAL TO THE WARDEN. SEE THE INMATE GRIEVANCE COORDINATOR.

MOTION TO APPEAL TO THE WARDEN

STEP III

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ SECTION: \_\_\_\_\_

REASON(S) FOR APPEAL: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

RESPONSE OF THE WARDEN: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WARDEN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RETURNED TO GRIEVANT: \_\_\_\_\_

\_\_\_\_\_

I AGREE/DISAGREE WITH THE WARDEN'S DECISION (Circle One)

GRIEVANT'S SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

IF YOU ARE UNHAPPY WITH THE WARDEN'S RESPONSE YOU HAVE THE RIGHT TO APPEAL TO THE COMMISSIONER. SEE THE INMATE GRIEVANCE COORDINATOR.

MOTION FOR APPEAL TO THE COMMISSIONER

STEP IV

NAME: \_\_\_\_\_ ID#: \_\_\_\_\_ SECTION: \_\_\_\_\_

REASON(S) FOR APPEAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRIEVANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_

RESPONSE OF THE COMMISSIONER: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMMISSIONER'S SIGNATURE : \_\_\_\_\_ DATE: \_\_\_\_\_

DATE RETURNED TO GRIEVANT: \_\_\_\_\_