DOC FR G-1

Appendix C

DOC GRIEVANCE FORM

GRIEVANCE NUMBER:_____
GRIEVANCE OFFICER:_____
DATE RECEIVED:_____
(Administrative Use Only)

NAME:_____ **INMATE #**_____

INSTITUTION AND LIVING UNIT:_____

[Prepare this section when submitting a grievance to the Chief Executive Officer]

I have discussed my problem with Informal Grievance Officer _____.
(Name)

Describe your attempt to resolve your problem by talking with the above, and why the result was not satisfactory:

_____
_____
_____
_____

Nature or description of problem (describe in detail) and what you want to happen to solve this problem:

_____
_____
_____
_____
_____
_____
(Use and attach additional paper, if necessary, and provide any supporting evidence or documents)

Signed:_____ Date:_____

NOTE: You may appeal the resolution of this grievance by filing an appeal within ten (10) days of the response to your grievance. Use a grievance appeal form for filing your appeal.

NOTE: If your grievance challenges a general policy or practice of the Institution, it may be reviewed by the grievance review committee. Individual names and specific facts will not be disclosed. However, if you object to any inmate review or the review by a specific inmate who serves on the committee, indicate below:

_____I object to any inmate review
_____I object to review by inmate _____
_____I have no objection to inmate review

DOC FR G-2

DOC GRIEVANCE APPEAL FORM

DATE RECEIVED BY DIRECTOR: _____

(Administrative Use Only)

NAME: _____ **INMATE #** _____

INSTITUTION AND LIVING UNIT: _____

APPEAL TO GRIEVANCE NUMBER: _____

[Prepare this section when filing an appeal to a chief executive officer's grievance decision.]

I___have/___have not attempted to solve my problem at the institutional grievance level.

Nature or description of problem (describe in detail); why you are appealing the institution's grievance decision; and what you want the Director to do about your problem:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signed: _____ Date: _____

(Use additional paper if necessary. Provide all information and documents which will fully explain the problem and earlier attempts to resolve it at the institutional level.)

NOTICE

THIS NOTIFICATION IS TO BE PERMANENTLY POSTED IN PREDOMINANT PLACES ACCESSIBLE TO ALL INMATES AND STAFF IN ALL INSTITUTIONS OF THE WYOMING DEPARTMENT OF CORRECTIONS.

TO: ALL INMATES/OFFENDERS AND EMPLOYEES

INSTITUTION: _____

LOCATION OF POSTING: _____

DATE POSTED: _____

The Wyoming Department of Corrections invites your continuing comments on the credibility and effectiveness of the DOC inmate grievance procedure. Your good faith comments will be treated confidentially, may not be a basis for retaliation, and will be utilized in the DOC's ongoing evaluation of the procedure.

Please direct your written comments at any time to:

Director
Wyoming Department of Corrections
700 West 21st Street
Cheyenne, Wyoming 82002