DEPARTMENT OF CORRECTIONS

PRISONER GRIEVANCE

PRINT NAME	INSTITUTION/MODULE	OBSCIS#	FSO LOG #	DIO LOG#	
INCIDENT DATE TODAY'S I		TODAY'S DA	TE		
1. Is this about an incident that is conclusive classification decision? 2. Did you first talk to the right persuance of your file a Request for Interverse in the response?	ident?	CIRCLE Yes No Yes No Yes No	If you said "NO" to <u>any</u> questions, the grievance may be screened and returned.		
INSTRUCTIONS:					
 Limit this grievance to <u>ONE</u> incident. Attach the completed Request for Interview form copy <u>OR</u> describe HOW you attempted to solve it informally: a. WHO did you talk to? b. WHEN did you talk with him/her? c. WHAT were you told? Attach <u>up to</u> two additional pages of narrative to describe the incident. 					
AFFIRMATION and SIGNATURE:	d within 20 days of the incide	ot or my knowle	adae of the incider	1	
 I affirm that this grievance is filed within 30 days of the incident or my knowledge of the incident. I affirm the following statements are true and accurate and that I may be disciplined for providing false information pursuant to 22 AAC 05.400. PRISONER'S SIGNATURE: 					
I REQUEST THE FOLLOWING RELIEF (State outcome you are seeking):					
I acknowledge receipt of this grievar assigned log number with any inquir DATE RECEIVED:	•	:R	or reference. Plea	se refer to	

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STATE OF ALASKA

DEPARTMENT OF CORRECTIONS PRISONER GRIEVANCE PART TWO

PRISONER NAME	OBSCIS#	FSO LOG #	DIO LOG #
INVESTIGATOR'S FINDINGS AND RECOMMEN	DATIONS:		<u> </u>
INVESTIGATION OF INDINGS AND RESOMMEN	DATIONO.		
INVESTIGATION: I met with grievant on		at	Hours.
INVESTIGATOR'S			
SIGNATURE: SUPERINTENDENT'S FINDINGS AND DETERM	INATION.	DATE:	
SUPERINTENDENT S FINDINGS AND DETERM	INATION:		
SUPERINTENDENT'S			
SIGNATURE:		DATE:	
PRISONER'S RESPONSE:			
I AM SATISFIED WITH THIS RESPONSE.			
I AM NOT SATISFIED WITH THIS RESPONSE.			
BUT DO NOT WISH TO APPEAL	1102.		
AND DO INTEND TO APPEAL TO T	HE Director of Institution	s OR the Medical Adviso	ory Committee
I UNDERSTAND THAT MY COMPLETED STATE			ED TO THE
Facility Standards Officer WITHIN TWO WORKIN	G DAYS OF THIS DATI	<u>E</u> .	
PRISONER'S SIGNATURE:		DATE:	
FORM DELIVERED TO PRICONER			
FORM DELIVERED TO PRISONER BY OFFICER			
	(PRINT NAME/SIGN	IATURE) (DATE/	TIME)
	,	· , (=:·· - /	,
Distribution: Original to Prisoner's Case/Medical	File		
Prisoner			
Facility Standards Officer			

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