

GRIEVANCE SCREENING FORM

To: Prisoner's Name:
 Offender Number:
 DIO Grievance #:
 FSO Grievance #:
 Institution:

Your grievance is being returned to you for one or more reasons below:	
a.	The action or decision being grieved is not a grievable issue as specified in section VI.E. of DOC Policy #808.03.
b.	The grievance is not within the institution's or the Department's jurisdiction.
c.	The issued grieved was not first addressed informally.
d.	This issue was already grieved by the prisoner or by another prisoner and resolved.
e.	The grievance was submitted on behalf of another prisoner who is able to file his or her own grievance.
f.	The grievance form is not filled out completely.
g.	The grievance was not filed within 30 days of the action or incident.
h.	The grievance is grieving on action not yet taken.
i.	The grievance contains inappropriate use of obscene or profane words.
j.	The grievance is factually incredible or clearly devoid of merit.
k.	The specific relief sought is unclear.
l.	The grievance raises unrelated issues that should be presented in separate grievances.
m.	The grievance is against the Facility Manager, but is not for action taken directly by the Facility Manager.
n.	The grievance is on an issue the prisoner is currently litigating in the court system.
o.	The above noted reason (s) for screening your grievance is not self-explanatory. The following written explanation is provided to clarify the above noted screening decision. <hr/>

You have two options in response to a screened grievance. (See Policy 808.03.)

1. You can correct the deficiency that caused a grievance to be screened and resubmit the grievance within two working days of receipt of the screening form; or
2. You may appeal the Screened Grievance if you believe the screening decision is incorrect. You must state in writing on the Request for Interview Form (Form 808.11A) why the screening is incorrect, attach it to the grievance and the screening form, and return it to the Facility Standards Officer within two working days after receiving the screening decision.

 Date

 Signature of Facility Standards Officer

Distribution: Original to Prisoner Case File
 Facility Standards Officer
 Prisoner