WVDCR Policy Directive 335.00 02 December 2024 Attachment #2 GENERAL DISTRIBUTION

Inmate Name	OID#	Date of Grievance	ADA-check box if grievance is related to medical disability?
State Nature of Grievance / Issu BACK):	e to be addressed (Note: 1 issue per	grievance be concise file wi	th Unit Manager. NO WRITING ON
Relief Sought (state what you w	ant):		
	(The inmat	e may attach one 8.5 x 11 she	et, if necessary, at this level only)
Inmate's Signature		•	******
Unit Manager Response (attach	additional sheet if needed)		
Accepted Rejected_	Reason for rejection:		Date:
Response on Merits if accepted:			

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**************************************	ve copy to Unit Manager) Ap	ppealed to Superintendent	
***************************** Resolved: (if so initial and gi If no response at initial level is inclu at that level within the time frames Inmate's Signature	ve copy to Unit Manager) Apart of the inmate certifies that he/she has set forth in Policy Directive 335.00.	ppealed to Superintendent s tendered this grievance as ind	(initial) Date: icated above and no response has been issu
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