

WVDCR Inmate Grievance Form

Grievance No. _____ - _____ - _____ - _____

Inmate Name

OID #

Date of Grievance

ADA-check box if grievance is related to medical disability?

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Unit Manager. NO WRITING ON BACK):

Relief Sought (state what you want):

(The inmate may attach one 8.5 x 11 sheet, 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:

Signature

Resolved: _____ (if so initial and give copy to Unit Manager) Appealed to Superintendent _____ (initial) Date: _____

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted _____ Rejected _____ Reason for rejection: _____ Date: _____

Response on Merits if accepted: __ Remand to Unit for further action __ Affirm unit and/or deny grievance __ Grant the Grievance as specified
Comments _____

(Attach additional sheet if necessary)

Superintendent's Signature

Date

Resolved: _____ (if so initial and give copy to Unit Manager) Appealed to Commissioner _____ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted _____ Rejected _____ Reason for rejection: _____ Date: _____

Response on Merits if accepted: _____ Affirm Superintendent and deny grievance (Affix final stamp) _____ Other, memo attached.