



# OFFENDER GRIEVANCE

State Form 45471 (R5 / 3-20)  
DEPARTMENT OF CORRECTION

**FOR OFFICIAL USE ONLY**

Grievance number

To: <b>Facility Grievance Specialist</b>		Facility		Date (month, day, year)	
From (name of offender)		DOC number		Signature of offender	
Housing assignment			Date of incident (month, day, year)		
<p>Provide a brief, clear statement of your complaint or concern. Include any information that may assist staff in responding to your grievance. (NOTE: A Single ONE-sided sheet of paper may be attached if necessary to explain your grievance.)</p>					
<p>State the relief that you are seeking.</p>					

Signature of Facility Grievance Specialist

Date (month, day, year)

**DISTRIBUTION:** Original – Grievance Specialist; Copy – Offender; Copy – Offender Packet; Copy – IRIS