

**OFFENDER GRIEVANCE FORM
LEVEL 1 GRIEVANCE (INFORMAL)
GF-1**

OFFENDER'S NAME: _____

OFFENDER NUMBER: _____

SECTION 1 – INFORMAL ACTION To be completed by offender:
Please provide this completed form to any AP&P supervisor.

Specific nature of grievance (who, what, when, where, and how): _____

Identify those contacted regarding your grievance and state what YOU HAVE DONE to resolve the issue (Who did you speak with, what action did the staff member take, what were you told):

What is the specific remedy you seek? (If the remedy is monetary, the amount cannot exceed the cost of reimbursement/replacement. Remedy of staff discipline or staff relocation cannot be requested):

Signature/Date

Revised 11/2023

Note: Any violation of AG38 will be subject to a Problem Form resolution. Please print as clearly as possible and use the reverse side of this form if more space is needed.