## STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

## Mail Number: INMATE REQUEST Team Number: Institution: TO: Warden Classification Medical Dental Asst. Warden Security (Check One) Mental Health Other Inmate Name DC Number **Ouarters** Job Assignment Date FROM: **REQUEST** Check here if this is an informal grievance All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing. Inmate (Signature): DC#: DO NOT WRITE BELOW THIS LINE **RESPONSE** DATE RECEIVED: [The following pertains to informal grievances only:

Original: Inmate (plus one copy)

Official (Print Name):

Based on the above information, your grievance is \_

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.

you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

Official (Signature):

\_. (Returned, Denied, or Approved). If your informal grievance is denied,

Date: