STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

OFFICE OF THE GENERAL COUNSEL BUREAU OF POLICY MANAGEMENT AND INMATE APPEALS GRIEVANCE APPROVAL ACTION FORM (GAAF)

			Institution/Fac	ility/Regional C	Office	
I.	Inmate	Name	DC Num	ber		
	Date G	ievance Received by Staff	Grievanc	e Log Number		
	Classifi	cation of Grievance	Date Gri	evance Approve	2d	
	Name o	f Approving Employee:				
II.	Brief St	atement of Issue Approved:				
III.	Staff Assigned Responsibility for Carrying Out Approval (Typed):					
IV.	Name o	f Grievance Coordinator:			Date Assigned:	
V.	Action Taken by Staff to Carry Out Approval (Typed):					
VI.	Signatu	re of Warden:			Date:	
VII. Date Grievance Record Updated:						
	Signatu	Signature of Grievance Coordinator or Chief of Inmate Appeals				
Distrib	oution:	Institution/Facility		Distribution:	Central Office	
Origin Copy:		Inmate's File Grievance Coordinator's File		Original: Copies:	Central Office Grievance File Central Office Inmate File Grievance Coordinator's File Inmate's File – Institution/Facility	