FLORIDA DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

Third Party Grievance Alleging Sexual Abuse					
TO: 🗌 Warde	n [Assistant Warden	Secretary, F	lorida Department of Correcti	ions
From or IF Alleging Sexual Abuse , on the behalf of:					
Last	First	Middle Initial	DC Number	r Institut	tion
Part A – Inmate Grievance					
DISTRIBU	TION:	INSTITUTION/FACILITY	CENTRAL OFFI	CE	Ι
		INMATE (2 Copies)	INMATE		
		INMATE'S FILE	INMATE'S FILE	- INSTITUTION./FACILITY	
		INSTITUTIONAL GRIEVANCE FILE	CENTRAL OFFIC		
			CENTRAL OFFIC	CE GRIEVANCE FILE	

Incorporated by Reference in Rule 33-103.006, F.A.C.

DATE
SIGNATURE OF GRIEVANT AND D.C. #

SIGNATURE, INMATE AGREES TO THE FOLLOWING # OF 30-DAY EXTENSIONS:
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Receipt for Appeals Being Forwarded to Central Office

institution. If the inmate does not provide a valid reason or if the Secretary or his designated representative determines that the reason supplied is not adequate, the

Submitted by the inmate on:_____

Institutional Mailing Log #:____

grievance will be returned to the inmate for processing at the institutional level pursuant to F.A.C. 33-103.007 (6)(d).

(Date)

(Received By)