

Assigned Grievance #/Institution: _____

Housing Unit: _____ Bed #: _____

1st Lvl rec: _____

ILLINOIS DEPARTMENT OF CORRECTIONS
Offender's Grievance

2nd Lvl rec: _____

Date:	Offender (please print):	ID #:	Race (optional):
Present Facility:		Facility where grievance issue occurred:	

Nature of grievance:

- Personal Property Mail Handling Medical Treatment ADA Disability Accommodation
 Staff Conduct Dietary HIPAA Restoration of Sentence Credit
 Transfer Denial by Facility Other (specify): _____
 Disciplinary Report

_____ Date of report

_____ Facility where issued

Note: Protective Custody Denials may be grieved immediately via the local administration on the protective custody status notification.

Complete: Attach a copy of any pertinent document (such as a Disciplinary Report, Search Record, etc.) and place in the designated locked receptacle marked "grievance":

Counselor, unless the issue involves discipline, is deemed an emergency, or is subject to review by the Administrative Review Board
Grievance Officer, only if the issue involves discipline at the present facility or issue not resolved by Counselor

Chief Administrative Officer, only if **EMERGENCY** grievance

Mail to **Administrative Review Board**, only if the issue involves protective custody, involuntary administration of psychotropic drugs, issues from another facility except medical and personal property issues, or issues not resolved by the Chief Administrative Officer.

Summary of Grievance (Provide Information including a description of what happened, when and where it happened, and the name or identifying information for each person involved):

Continued on reverse

Relief Requested:

Check only if this is an **EMERGENCY** grievance due to a substantial risk of imminent personal injury or other serious or irreparable harm to self.

Check if this is **NOT** an emergency grievance.

_____ Offender's Signature _____ ID# _____ Date

(Continue on reverse side if necessary)

Counselor's Response (if applicable) Date Received: _____ Send directly to Grievance Officer

Outside jurisdiction of this facility. Send to: Administrative Review Board, PO Box 19277, Springfield, IL 62794-9277

Response:

_____ Print Counselor's Name _____ Sign Counselor's Name _____ Date

Note to offender: If you disagree with the counselor's response, it is your **responsibility** to forward grievance with counselor's response to the grievance officer.

EMERGENCY REVIEW: Date Received: _____

Is this determined to be of an emergency nature:

- Yes, expedite emergency grievance
 No, an emergency is not substantiated. Offender should submit this grievance according to standard grievance procedure

_____ Chief Administrative Officer's Signature _____ Date

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Lined area for writing the grievance.