

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION:

DATE:

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM:

Offender's Name:

GDC #:

Offender's Basic Allegation or Complaint:

Summary of Investigation:

Staff Signature:

Date:

Concur with Staff Findings: Yes: No:

Grievance Coordinator: _____

Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.

(Reproduced locally)