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)