



GEORGIA DEPARTMENT OF CORRECTIONS
FACILITIES DIVISION



Brian P. Kemp
Governor

Timothy C. Ward
Commissioner

Date:

RE: Grievance Resolution/Drop Form

The attached formal grievance # _____ from offender _____ GDCID# _____
was received in my office. The following actions have been taken:

Grievance resolved and no further action needed

Grievance dropped by offender

Matter discussed:

The above matter is discussed by me and:

The problem is resolved; or

I wish to drop this grievance

Offender Signature **Date**

Staff Signature **Date**