STATE OF FLORIDA

DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO:	Warden		Assistant Warden	Secretary, Florida D	Secretary, Florida Department of Corrections					
From:										
	Last	First	Middle Initial	Number	Institution					
Part A – Inmate Grievance										
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DISTRIBUTION: INSTITUTION/FACILITY CENTRAL OFFICE

INMATE (2 Copies) INMATE

INMATE'S FILE - INSTITUTION./FACILITY

INSTITUTIONAL GRIEVANCE FILE CENTRAL OFFICE INMATE FILE

CENTRAL OFFICE GRIEVANCE FILE

DATE	_	SIGNATURE	OF GRIEVAN	NT AND D.C. #				
*BY SIGNATURE, INMATE AGREES TO THE FO	DLLOWING # OF 30-DAY EXTENSIONS:		1					
			#	Signature				
	INSTRUCTIONS							
This form is used for filing a formal grievance at the institution or facility level as well as for filing appeals to the Office of the Secretary in accordance with Rule 33-103.006, Florida Administrative Code. When an appeal is made to the Secretary, a copy of the initial response to the grievance must be attached (except as stated below).								
When the inmate feels that he may be adversely affected by the submission of a grievance at the institutional level because of the sensitive nature of the grievance, or is entitled by Chapter 33-103 to file a direct grievance he may address his grievance directly to the Secretary's Office. The grievance may be sealed in the envelope by the inmate and processed postage free through routine institutional channels. The inmate must indicate a valid reason for not initially bringing his grievance to the attention of the institution. If the inmate does not provide a valid reason or if the Secretary or his designated representative feels that the reason supplied is not adequate, the grievance will be returned to the inmate for processing at the institutional level.								
	Receipt for Appeals Being Forwarded to Central C	<u>Office</u>						
Submitted by the inmate on:	Institutional Mailing Log #:							
(Date)			(Received By	<i>(</i>)				