

STATE OF FLORIDA
DEPARTMENT OF CORRECTIONS
ACKNOWLEDGEMENT OF RECEIPT OF GRIEVANCE ORIENTATION

FOR THE RECORD:

MY SIGNATURE BELOW CERTIFIES THAT I HAVE THIS DATE _____
RECEIVED AN ORIENTATION ON INMATE GRIEVANCE PROCEDURE FROM A
STAFF MEMBER OF THE DEPARTMENT OF CORRECTIONS.

(LOCATION) (NUMBER) (PRINTED INMATE NAME)

(INMATE SIGNATURE)