## STATE OF FLORIDA

## **DEPARTMENT OF CORRECTIONS**

## REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO:	☐ Warden ☐ Assistant Warden ☐ Secretary, Florida Department of Corrections			partment of Corrections		
From:						
	Last	First	Middle Initial	Number	Institution	
Part A – Inmate Grievance						

DISTRIBUTION: INSTITUTION/FACILITY CENTRAL OFFICE

INMATE (2 Copies) INMATE

INMATE'S FILE INMATE'S FILE - INSTITUTION./FACILITY

INSTITUTIONAL GRIEVANCE FILE CENTRAL OFFICE INMATE FILE

CENTRAL OFFICE GRIEVANCE FILE

DATE		SIGNATURE OF GRIEVANT AND D.C. #				
*BY SIGNATURE, INMATE AGREES TO TH	HE FOLLOWING # OF 30-DAY EXTENS	SIONS:	/			
		#	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 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 entitled by Chapter 33-103 to file a direct grievance here inmate and processed postage free through routine institute institution. If the inmate does not provide a valid grievance will be returned to the inmate for processing at	may address his grievance directly to the Secreta utional channels. The inmate must indicate a vali reason or if the Secretary or his designated rep	ry's Office. The grievance made reason for not initially bring	ay be sealed in the envelope by the ging his grievance to the attention of			
	Receipt for Appeals Being Forwarded to Central	<u>Office</u>				
Submitted by the inmate on:	Institutional Mailing Log #:					
(Date)		(Red	ceived By)			