## STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

## OFFICE OF THE GENERAL COUNSEL BUREAU OF INMATE GRIEVANCE APPEALS GRIEVANCE APPROVAL ACTION FORM (GAAF)

	<u> </u>	nstitution/Facility/Regional Office	
Inmate N	Name	DC Number	
Date Gri	evance Received by Staff	Grievance Log Number	
Classific	ation of Grievance	Date Grievance Approved	
Name of	Approving Employee:		
Brief Sta	tement of Issue Approved:		
Staff Ass	signed Responsibility for Carrying	Out Approval (Typed):	
Name of	Grievance Coordinator:		Date Assigned:
		1.77	
Action 1	aken by Staff to Carry Out Approv	vai (Typed):	
Signature	e of Warden:	Date:	
Date Gri	evance Record Updated:		
Signature	e of Grievance Coordinator or Chi	ef of Inmate Grievance Appeals	
ıtion:	Institution/Facility	Distribution:	Central Office
Copy Copy	Grievance Coordinator's File Inmate's File	White Copy Canary Copy Pink Copy Goldenrod Copy	Central Office Grievance File Central Office Inmate File Grievance Coordinator's File Inmate's File – Institution/Facility