

**Minnesota Department of Corrections  
Incarcerated Person Grievance Appeal**

Grievant \_\_\_\_\_ OID \_\_\_\_\_ Date: \_\_\_\_\_

Case manager: \_\_\_\_\_ Grievance # \_\_\_\_\_ Living unit \_\_\_\_\_

Instruction to grievant – Complete each section as indicated below. In the space provided only (no additional pages): explain the issue, list the supporting facts, and explain your proposed resolution. For appeals it is not necessary to include kites or other supporting documents. Instead, include the original grievance form, grievance determination, and a list of the documents submitted with your facility grievance. Review of DOC Policy 303.100 Grievance Procedure is recommended prior to submitting a grievance appeal.

Explain the grievance/issue:

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List the supporting facts:

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Explain the proposed resolution:

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Chain of Command Followed:

	Title, Name	Date Kite Sent	Date Response Received	Included Y or N
1.				
2.				
3.				