

**Minnesota Department of Corrections
Incarcerated Person Grievance**

Grievant _____ OID _____ Date: _____

Case manager: _____ Living _____ Emergency _____
unit _____ grievance

Instructions: Complete each section as indicated below. In the space provided only (no additional pages): explain the issue, list supporting facts, and explain your proposed resolution.

If the Emergency box is checked, an explanation must be provided, and chain of command requirements are waived. If found to be non-emergency, the grievance will be returned. Follow regular submission guidelines per DOC Policy 303.100

PROCEDURES: A., 4.

Attach kites, including staff response, showing your attempt to resolve the issue informally and one copy of all supporting exhibits for this grievance. If at any step of chain of command, you have not received a response by the end of the 7th day, you may move to the next level in the chain of command noting that a response was not received by the prior level. Review of DOC Policy 303.100 Grievance Procedure is recommended prior to submitting a grievance.

Explain the grievance/issue:

List the supporting facts:

Explain the proposed resolution:

Chain of Command Followed:

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