

Texas Department of Criminal Justice

Offender Name: ______ TDCJ # _____

OFFENDER STEP 1 GRIEVANCE FORM

G	Grievance #:
D	Date Received:
D	Date Due:
0	Grievance Code:
I	nvestigator ID #:
E	Extension Date:
D	Date Retd to Offender:

OFFICE USE ONLY

Unit:	Housing Assignment:		Extension Date:
Unit where incident occurred: Date Retd to Offender:			Date Retd to Offender:
appealing the results of Who did you talk to (nar	e your problem with a staff member before you su f a disciplinary hearing. me, title)?		When?
**			
	the space provided. Please state who, what, when		
	e rules, effective 1st October 2013		
This revision	restricts indigent prisoners to fi	ve one-ounce	e domestic letters per month
	ll references to the first 60 days		
	ain their First Amendment Right to		
	overnmental interference with commu		
	rteenth Amendments. It is also cont		
	Estelle, 432 F.Supp 1373. Guajardo		
	y to indigent inmates for special a		
	tters per week without waiting peri		
expended duri	ng the first 60 days" - This revisi	on clearly v	violates this standard.
	light that general correspondence r		
incarcerated	to receive mail, this revision also	violates th	ne Constitutional Rights of my
friends and f	amily.		* continue of the state of the state of
Finally, ther	e is no legitimate or rational basi	s (besides a	administrative convenience) for
the increased	communication restrictions on indi	gent prison	ers. It is arbitary, unrea <i>s</i> onable
and unrelated	l to any legitimate interest in secu	rity, order	or rehabilitation.
Thank you for	your understanding.		
2			

Action Requested to resolve your Complaint.		
Immediate Repeal of this Revision.		
Offender Signature:	Date:	
Grievance Response:		
		_
Signature Authority:	estigator within 15 days from	Date:
State the reason for appeal on the Step 2 Form.	csugator within 13 days from	the date of the Step 1 response.
Returned because: *Resubmit this form when the corrections are made.		
1. Grievable time period has expired.		
2. Submission in excess of 1 every 7 days. *	OFFICE Initial Submission	USE ONLY
3. Originals not submitted. *		UGI Initials:
4. Inappropriate/Excessive attachments. *		
5. No documented attempt at informal resolution. *		
6. No requested relief is stated. *		r:
7. Malicious use of vulgar, indecent, or physically threatening language. *		er:
8. The issue presented is not grievable.	2 nd Submission	UGI Initials:
9. Redundant, Refer to grievance #		
10. Illegible/Incomprehensible. *		
11. Inappropriate. *	Date Recd from Offender: Date Returned to Offender:	
UGI Printed Name/Signature:	3rd Submission	UGI Initials:
	Grievance #:	CGI Illitiais.
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.	Screening Criteria Used:	
	Date Recd from Offende	r:
Medical Signature Authority:	Date Returned to Offend	er:

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