

Hampton Roads Regional Jail

Inmate Request / Informal Complaint Form

Date Received by Routing Office: 1 / 1

Name: [Handwritten] I.D. Number: [Handwritten] Unit#, Pod and Cell: [Handwritten] Date: 2/19/02

Time: 11:07 Type: Request Informal Complaint ^{PLA-1} Regarding: Medical / Security / Maintenance / Food Service / Treatment

**** DIRECTIONS FOR REQUESTS / INFORMAL COMPLAINTS:** All forms will be sent to the Command Center for distribution and Tracking. If the form can be answered do so and make a copy to be sent to the Command Center for filing. Ensure the form is completely filled out and can be understood. Use of vulgar language, making false statements, or submitting numerous forms on the same matter are subject to disciplinary actions. This form should be used as your first step if you have a grievance. (USE REVERSE SIDE FOR ADDITIONAL COMMENTS)

Briefly and clearly explain your request / informal complaint:

Complete necessary procedures for the request of my cell. I am currently in a cell with a guard that is very aggressive. He has been harassing me and I am afraid for my safety. I have been in the jail for 30 days and I have not been able to see any of my family. I have been in the jail for 30 days and I have not been able to see any of my family. I have been in the jail for 30 days and I have not been able to see any of my family.

Received By: [Signature] Date: 8.8.8 Time: 1700

Action Taken / Response: _____

Answered by: _____ Date: _____ Time: _____

Cc: File EFFECTIVE DATE: 12/30/98 HRRJ-(67) Date Returned to Inmate: _____