OFFICE USE UNLI Texas Department of Crimina Grievance #: Date Received: GRIEVANCE FORM Date Due: Grievance Code: Investigator ID #: Offender Nam Unit: MARK STIE Housing Assignment: **Extension Date:** Date Retd to Offender: Unit where incident occurred: You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing. Who did you talk to (name, title)? What was their response? What action was taken? State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

I-127 Front (Revised 11-2010)

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM

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