



Inmate Administrative Remedy Form

Connecticut Department of Correction

CN 9602
REV 2/16/12

Facility/Unit: CORRIGAN Date: 6/26/12

Inmate name: [REDACTED] Inmate number: [REDACTED]

SECTION 1 SELECT ADMINISTRATIVE REMEDY A, B or C BELOW.

Follow the instructions (for property claims, complete form CN 9609, Lost/Damaged Property Investigation Form and deposit in the 'Administrative Remedies' box).

- A.** **I am filing a Grievance.**
 Prior to filing a grievance, you must attempt informal resolution. Attach a copy of CN 9601, Inmate Request Form with the staff member's response OR state in Section 4 the reason why the form is not attached. Grievances must be filed within 30 days of the occurrence or discovery of the cause of the grievance. > Refer to Section 2 below
- B.** **I am requesting a Health Services Review:** Diagnosis/Treatment > Complete Section 4 >>>>
 All Other Health Care Issues >
- C.** **I am filing an Appeal of a (select one below):**
 Appeals must be filed within 15 days of notification of a decision.
- | | |
|---|---|
| <input type="checkbox"/> Disciplinary Action | > Complete Section 3 below |
| <input type="checkbox"/> Special Management Decision | <input type="checkbox"/> Classification Decision |
| <input type="checkbox"/> Media Review Committee Decision | <input type="checkbox"/> Furlough Decision > |
| <input type="checkbox"/> Security Risk Group Designation | <input type="checkbox"/> ADA Decision > Complete Section 4 >>>> |
| <input type="checkbox"/> Determination of Grievance Process Abuse | <input type="checkbox"/> Rejection of Outside Tapes/CDs > |
| | <input checked="" type="checkbox"/> Rejection of Correspondence > |

SECTION 2 OTHER REQUIREMENTS FOR USING THE INMATE ADMINISTRATIVE REMEDY PROCEDURE

Read and comply with the instructions below, then complete Section 4 (State the Problem) on the reverse side. >>>

- Only one request for an administrative remedy must be submitted on this form.
- The request for an administrative remedy and the action sought should be stated simply and coherently.
- The length of this request for an administrative remedy shall be restricted to the space available in Section 4 and one (1) additional 8 1/2 x 11 inch page.
- This request for an administrative remedy must be free of obscene or vulgar language or content.
- This request for an administrative remedy must be filed by the inmate who is personally affected by the subject of the request and shall not be filed by an inmate on behalf of another.
- A repetitive request for administrative remedy may not be filed by the same inmate when a final response has been provided and there has been no change in any circumstances that would affect the response; or when the initial request for an administrative remedy is still in process.

SECTION 3 DISCIPLINARY SECTION – Complete this Section for a Disciplinary Appeal ONLY

You may file a Disciplinary Appeal ONLY if you have pleaded not guilty and have been found guilty at a disciplinary hearing. If so, complete this section; then complete Section 4 (State the Problem) on the reverse side. >>>

Offense: _____ Report date: _____

Facility where hearing was conducted: _____ Date of hearing: _____

Did you have an advocate? yes no If yes, name of advocate: _____

Did you identify witness(es) to the investigator? yes no Did your witness(es) testify? yes no

Name(s) of any witness(es):

CONFIDENTIAL

(FOR OFFICIAL USE ONLY)

Inmate name: [REDACTED]

Inmate number: [REDACTED]

Housing: [REDACTED]

SECTION 4

STATE THE PROBLEM AND REQUESTED RESOLUTION

Provide any factual information that is applicable, including any responses from staff. State the action that you think should be taken to resolve the problem. PLEASE PRINT.

I'm filing this Remedy form, appealing the Rejection of MAY/June MAR/APR publication of Lock key and Mims, and my personal mail being sent back to sender. The mail issue, is no penological interest, only a political issue and under Turner LAW, I can receive please correct the above and hold my publication, until the appeal process, is finished.
Thank you! very much.

Inmate signature: [REDACTED]

Date: 6/26/12

For all remedies except health services, deposit this form in the Administrative Remedies box.
For a health services issue, deposit this form in the Health Services box.

SECTION 5

DECISION / OFFICIAL USE ONLY - DO NOT WRITE IN THE SPACE BELOW

Date Received:

IGP #:

T#:

Disposition:

Date of Disposition:

Reason:

You have exhausted DOC's Administrative Remedies.

This matter may be appealed to:

Signature:

Date: