

LOG I.D. NUMBER

0903115



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

OFFENDER COMPLAINT

CHECK ONE: INITIAL GRIEVANCE, EMERGENCY GRIEVANCE, APPEAL TO NEXT LEVEL

RESIDENTIAL FACILITIES: Send all completed copies of this form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact staff to report an emergency situation or to initiate an emergency grievance. Please attempt to resolve all complaints through appropriate staff before initiating a grievance.

NOTE: Complaints must be filed within 20 days of the incident. Appeals must be filed within 2 days of receiving the response. Include log ID # of response being appealed.

NAME: LAST	FIRST	MIDDLE	DOC NUMBER
PROGRAM ASSIGNMENT	WORK HOURS	FACILITY/OFFICE	UNIT/CELL
COMMUNITY SUPERVISION: Send all completed copies of this form directly to: Grievance Program Specialist, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.			
MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE NUMBER

I WANT TO GRIEVE: *Challenging DOC Policy 1150.100, it is a discriminatory policy that won't allow periodic publications over one year old as it will not be allowed. I have been denied 3 news letters because of this policy leaving my prisoner's freedom of press.*

SUGGESTED REMEDY: *Repeal such discriminatory practices and policies by allowing my news letters.*

MANDATORY *[Signature]* *03/19/09*

SIGNATURE DATE

GRIEVANCE COORDINATOR'S RESPONSE

Your complaint is being returned because:

- It is not a grievable issue.
 You requested to withdraw the complaint.
 You failed to respond to callout sheet on _____
 The formal grievance/appeal paperwork is being prepared.

EXPLANATION:

This was deemed non-grievable. He is reviewing just automatically. If you have further concerns you may contact the Program Manager.

LOCATION CODE	DATE RECEIVED
<i>SC4</i>	<i>3/19/09</i>
<input type="checkbox"/> The complaint was resolved informally. <input type="checkbox"/> Additional information and/or rewriting is needed. (See below.) Return within five (5) days or by: Due Date: _____ <input type="checkbox"/> No rewrite received. Date: _____	

INITIAL COMPLAINT OBTS INFORMATION						DATE OF RESPONSE	COORDINATOR'S SIGNATURE
TYPE	CATEGORY	AREA	SPEC	REMEDY	RESOLUTION		
<i>01</i>	<i>02</i>	<i>050</i>	<i>391</i>	<i>08</i>	<i>08</i>	<i>3/19/09</i>	<i>[Signature]</i>