



ARIZONA DEPARTMENT OF CORRECTIONS

Inmate Grievance Appeal

The inmate may appeal the Warden's, Deputy Warden's or Administrator's decision to the Director by requesting the appeal on this form.

** The Received by signature indicates attachments are correct. **

* Attached: 5 pp. (exhibits A-F)

Please type or print in black or blue ink. (To be completed by staff member initially receiving appeal)

Received By: MINJARES
Title: COLL
Badge #: 8157
Date: (mm/dd/yyyy) 06/09/2017

Please Print

INMATE'S NAME (Last, First M.I.) (please print) ADC NUMBER DATE (mm/dd/yyyy)
[Redacted] [Redacted] 6/9/17

INSTITUTION Florence/Passo CASE NUMBER A01-146-017

TO: Director Ryan

I am appealing the decision of Montano/Carr for the following reasons: Sgt. Ramos is lying, b/c to tell the truth would be an admission to a crime.

You further state I failed to provide documentation that states I received from the distributor MIM in order to conduct an investigation into my claims or to prove that staff did not handle the items properly. Therefore, I have attached the Unconfirmed Mail Form referenced in my grievance. My written response to MIM is on the backside of that Form. Attached is a copy of both. Now you have proof and can do your investigation. (Attached: Exhibits A-F. Exhibits A and B are the Unconfirmed Mail Form and my response, respectively)

I declare under penalty of perjury the above is true and correct.
INMATE'S SIGNATURE [Signature] DATE (mm/dd/yyyy) 6/9/17
GRIEVANCE COORDINATOR'S SIGNATURE [Signature] DATE (mm/dd/yyyy) 6/19/17

RESPONSE TO INMATE BY LOCATION

RECEIVED JUN 19 2017 ON THIS DATE

STAFF SIGNATURE DATE (mm/dd/yyyy)

