

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

JPL Resubmit

FOR OFFICIAL USE
733700
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR Dr. Marsh, Superintendent	FACILITY: Benner	DATE: 4/23/18
FROM: (INMATE NAME & NUMBER) [REDACTED]	SIGNATURE OF INMATE: [REDACTED]	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: [REDACTED]	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

I received a notice from the Incoming Publication Review Committee in reference to the Under Lock and Key newsletter claiming it creat a danger within the context of the correctional facility. I am appealing their decision.

RECEIVED
APR 30 2018
CSA Office

RECEIVED
APR 26 2018
CSA Office

B. List actions taken and staff you have contacted, before submitting this grievance.

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy CANARY File Copy PINK Action Return Copy
GOLDEN ROD Inmate Copy