



# Inmate Administrative Remedy Form

## Connecticut Department of Correction

CN 9602  
REV 9/20/17

Facility/Unit: <u>CORRIGAN F Unit</u>	Date: <u>11.7.18</u>
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Inmate name: <u>[REDACTED]</u>	Inmate number: <u>[REDACTED]</u>
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**SECTION 1: SELECT ADMINISTRATIVE REMEDY A, B or C BELOW.**

Follow the instructions and Refer to Section 2 below  
*(for property claims, complete form CN 9609, Lost/Damaged Property Investigation Form and deposit in the 'Administrative Remedies' box)*

<b>A.</b>	<input type="checkbox"/>	<b>I am filing a Grievance.</b> <u>SEE ATTACH</u> <ul style="list-style-type: none"> <li>Prior to filing a grievance, you must attempt informal resolution.</li> <li>Attach a copy of CN 9601, Inmate Request Form with the staff member's response <b>OR</b> state in Section 4 the reason why the form is not attached.</li> <li>Grievances must be filed within 30 days of the occurrence or discovery of the cause of the grievance.</li> </ul>																			
<b>B.</b>	<input type="checkbox"/>	<b>I am requesting a Health Services Review:</b> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> All Other Health Care Issues</td> <td style="border: none;"><input type="checkbox"/> Diagnosis/Treatment</td> <td style="border: none;"><b>Complete Section 4</b></td> </tr> </table>	<input type="checkbox"/> All Other Health Care Issues	<input type="checkbox"/> Diagnosis/Treatment	<b>Complete Section 4</b>																
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<b>C.</b>	<input checked="" type="checkbox"/>	<b>I am filing an Appeal of a (select one below):</b> <i>(Appeals must be filed within 15 days of notification of a decision.)</i> <table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Disciplinary Action</td> <td style="border: none;">&gt;</td> <td style="border: none;"><b>Complete Section 3 below</b></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Special Management Decision</td> <td style="border: none;"><input type="checkbox"/> Classification Decision</td> <td style="border: none;">&gt;</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Media Review Committee Decision</td> <td style="border: none;"><input type="checkbox"/> Furlough Decision</td> <td style="border: none;">&gt;</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Security Risk Group Designation</td> <td style="border: none;"><input type="checkbox"/> ADA Decision</td> <td style="border: none;">&gt;</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Determination of Grievance Process Abuse</td> <td style="border: none;"><input type="checkbox"/> Rejection of Outside Tapes/CDs</td> <td style="border: none;">&gt;</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Rejection of Correspondence</td> <td style="border: none;">&gt;</td> </tr> </table> <p style="text-align: right;"><b>Complete Section 4</b></p>	<input type="checkbox"/> Disciplinary Action	>	<b>Complete Section 3 below</b>	<input type="checkbox"/> Special Management Decision	<input type="checkbox"/> Classification Decision	>	<input checked="" type="checkbox"/> Media Review Committee Decision	<input type="checkbox"/> Furlough Decision	>	<input type="checkbox"/> Security Risk Group Designation	<input type="checkbox"/> ADA Decision	>	<input type="checkbox"/> Determination of Grievance Process Abuse	<input type="checkbox"/> Rejection of Outside Tapes/CDs	>		<input type="checkbox"/> Rejection of Correspondence	>	
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**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. 05/10/18
- If so, complete this section; then complete Section 4 (State the Problem) on the reverse side. >>>

Offense: <u>[REDACTED]</u>	Report date: _____
Facility where hearing was conducted: _____	Date of hearing: _____

Did you have an advisor?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, name of advisor: _____
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Did you identify witness (es) to the investigator?	<input type="checkbox"/> yes <input type="checkbox"/> no	Did your witness (es) testify?	<input type="checkbox"/> yes <input type="checkbox"/> no
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Name(s) of any witness(es): \_\_\_\_\_