

## Grievance Decision from Reviewing Authority

Inmate/Offender Name: \_\_\_\_\_ ODOC Number: \_\_\_\_\_  
Receipt Date: \_\_\_\_\_ Grievance Category Code: \_\_\_\_\_ Grievance Number: \_\_\_\_\_

1. Discrimination	3. Complaint against staff	5. Reserved	7. Medical	9. Records/ Sentence Admin.	11. Personal
2. Classification	4. Condition of confinement	6. Legal	8. Property/Trust Fund	10. Religion Identity	

**Decision:**

\_\_\_\_\_  
Reviewing Authority: Facility Health Services Admin (medical issues)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Review Authority: Facility/Unit Head

\_\_\_\_\_  
Date

I have received a copy of the decision of the reviewing authority.

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Witness and Printed Name of Witness

\_\_\_\_\_  
Date

You may appeal to the Administrative Review Authority at Department of Corrections, P.O. Box 11400, Oklahoma City, OK 73136-0400 or Medical ARA and the Personal Identity ARA at 3300 N. Martin Luther King Avenue, Oklahoma City, OK 73111, within 15 days of the receipt of response using only DOC Form 060125V entitled "Misconduct/Grievance Appeal To Administrative Review Authority." Do not send this decision to the Administrative Review Authority, Medical ARA or the Personal Identity ARA.

1. Original to file
2. Copy to inmate/offender

DOC 090124B  
(R 01/22)