

**Must Be Submitted Through the Law Library or Designee  
Inmate/Offender Grievance Process  
REQUEST TO STAFF**

TO: \_\_\_\_\_ FACILITY/UNIT: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NAME AND TITLE OF STAFF MEMBER)

I have \_\_\_\_ have not \_\_\_\_ already submitted a "Request to Staff" or grievance on this same issue.  
If yes, what date: \_\_\_\_\_ facility: \_\_\_\_\_ grievance #: \_\_\_\_\_  
I affirm that I do \_\_\_\_ do not \_\_\_\_ have a grievance pending on this issue.  
I affirm that I do \_\_\_\_ do not \_\_\_\_ have a lawsuit of any type pending that relates in any way to this issue.  
If a lawsuit is pending, indicate case number and court: \_\_\_\_\_  
This request \_\_\_\_\_ does \_\_\_\_\_ does not relate to a pending misconduct report. If it does, this request may only be answered by the disciplinary coordinator assigned to the misconduct.

**SUBJECT:** State completely, but briefly, the problem on which you desire assistance. This statement must be specific as to the complaint, dates, places, personnel involved, and how you were affected. One issue or incident per "Request to Staff." Your failure to specifically state your problem may result in this being returned unanswered.

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(USE OTHER SIDE IF MORE SPACE IS NEEDED. DO NOT ATTACH ADDITIONAL PAGES.)

**ACTION REQUESTED:** State exactly how you believe your request may be handled; that is, what exactly should be done and how.

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NAME: \_\_\_\_\_ ODOC #: \_\_\_\_\_ UNIT & CELL NUMBER: \_\_\_\_\_  
(PRINT)

SIGNATURE: \_\_\_\_\_ WORK ASSIGNMENT: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

DISPOSITION:

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STAFF MEMBER

DATE

Date response sent to inmate/offender: \_\_\_\_\_

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

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(R 01/22)