

**MULTNOMAH COUNTY INMATE GRIEVANCE FORM** Grievance DB# \_\_\_\_\_

Date:	INMATE NAME:							
SWIS #:	Last			First			Middle	
Room/Bunk#	Facility:	<input type="checkbox"/> MCDC	<input type="checkbox"/> MCIJ	<input type="checkbox"/> MCCF	<input type="checkbox"/> MCHJ	<input type="checkbox"/> MWRC	<input type="checkbox"/> MWCF	

**→ DISCIPLINARY PROCESS IS NOT GRIEVABLE ←**

See the Inmate Manual for Grievance Process. There will be a fee charged for each grievance or appeal filed. If you do not have money, a debit will be charged against your inmate account and deducted when you have money. This fee may be waived under limited circumstances.

**COMPLAINT:**

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Inmate's Signature:

**→ PLEASE REFER TO THE INMATE MANUAL PAGE 10 FOR THE APPEAL PROCESS ←**

I wish to appeal the grievance I submitted on \_\_\_ / \_\_\_ / \_\_\_ given to \_\_\_\_\_ and resolved by \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_ Regarding \_\_\_\_\_ Grievance DB# \_\_\_\_\_.

**INMATES DO NOT WRITE BELOW THE DOTTED LINE**

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Received By Staff Signature:	Date:
Received By Staff Name (Printed)/DPSST#:	Time:

Forwarded to Dept/Person:	Date/Time:
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Resolved By Staff Signature:	Date:
Resolved By Staff Name (Printed)/DPSST#:	Time:
Resolution Statement:	<input type="checkbox"/> Fee Charged : \$ _____ <input type="checkbox"/> Fee Waived

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**DISTRIBUTION:**  
*Upon Submittal* Give Back Copy To Inmate. *Upon Resolution:* Original - Inmate Classification File; Photocopy - Inmate, Facility file, Dept file

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**COMPLAINT:**

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Inmate's Signature: \_\_\_\_\_

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I wish to appeal the grievance I submitted on \_\_\_ / \_\_\_ / \_\_\_ given to \_\_\_\_\_ and resolved by \_\_\_\_\_ on \_\_\_ / \_\_\_ / \_\_\_ Regarding \_\_\_\_\_ Grievance DB# \_\_\_\_\_

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Resolved By Staff Signature: _____	Date: _____
Resolved By Staff Name (Printed)/DPSST#: _____	Time: _____
Resolution Statement: _____ _____ _____ _____ _____ _____ _____ _____	<input type="checkbox"/> Fee Charged : \$ _____
	<input type="checkbox"/> Fee Waived

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