STATE OF FLORIDA DEPARTMENT OF CORRECTIONS Mail Number: INMATE REQUEST Team Number: 63.14-134 Institution: Warden Dental Classification Medical TO: Asst. Warden Mental Health Other (Check One) Security DC Number Inmate Name Quarters Job Assignment Date FROM: Ronald W. Clark 3-11-14 REQUEST Check here if this is an informal grievance \(\mu \) In grieving the Fact that I did not get recreation isciplinary Confinemen. All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing. DO NOT WRITE BELOW THIS LINE DATE RECEIVED: 3-11-14 RESPONSE 10

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

Date:

(Returned, Denied, or Approved) If your informal grievance is denied,

Official (Signature):

[The following pertains to informal grievances only:

Based on the above information, your grievance is