STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

INMATE REQUEST		DEPARTMENT OF CORRECTIONS		Mail Number: Team Number: Institution:	
TO: (Check One)	☐ Warden ☐ Asst. Warden	Classification Security	☐ Medical ☐ Mental Health	Dental Other	mahone
FROM:	e Name onald w.Cl	ark ir 8129		Job Assignment	Date 3-/0-/4
REQUEST Check here if this is an informal grie					
resort, innate is true DR., 20 resolve websit action: help.	Fails. Per Right? I thout Fire the issue	chapter 3 F SO, Why st Consult OF the X s the D.R ious. Than you. Jos	After Cons 3-Fla. Add did you Lating ZUI NW. ANGE L. Your Fix K you For Lated W. Cl	win code surite m the me, to ELFIRE. & St Course your ti	s. This e a com e, of ne and
	grievances will be respond				
RESPONSE		W. 1911 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DATE REC	EIVED: MAR	1 1 2014
00	ready	addresse	2		
•	ns to informal grievances only: formation, your grievance is_		(Returned, Denied, or Appr	roved). If your informal g	rievance is denied,
	submit a formal grievance in a				
Official (Signature): M. Ma	hez	Date: 3/	19/14	

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

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.

DC6-236 (Effective)

STATE OF FLORIDA

INMATE REQUEST		DEPARTMENT OF CORRECTIONS		Mail Number: Team Number: Institution:	
TO: (Check One)	☐ Warden ☐ Asst. Warden	Classification Security	☐ Medical ☐ Mental Health	Dental Other	mahone
FROM: Inmate N	ame ald W. Cla	rk ir 8/292	14 P-411	Job Assignment	March 7,200
REQUEST				this is an informal	
in non-co yiolating with the remove T have it i subject to informed is suppose and hope	chapter rules, and please don't conved. and be allowed to be a la	on hetween 33-210,101 if there's a zurite a D 33-210,101(9) a if the ad is itten request wed to remain the resort. 7 help, of the following ways: 1)	the bar, (4) For nuthing R. just 2 note "No in not remain ye what's hank you	that I me a mate shall wed subset in quest	comply need to not I'll i be guent be ion. D.R.
		DO NOT WRITE BELO	OW THIS LINE	1110	1.4.0044
RESPONSE			DATE REC		1 1 2014
Joseph	e has o	vare of	been as	dresedos o de neger	Lations).
Pased on the above info	to informal grievances onl rmation, your grievance is bmit a formal grievance in			proved). If your informal	grievance is denied,

Official (Signature):

Original: Inmate (plus one copy) CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file

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

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.