STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

Mail Number:

INMATE REQUEST			Team Number:	
TO: Warden (Check One) Asst. Warden	Classification Security	☐ Medical ☐ Mental Health	Dental OFF Other 7.	rance tee
FROM: Inmate Name Ronald W. C.	lark ir 8/29		Job Assignment	Date 4/13/14
REQUEST	~	Check here if	this is an informal	grievance 🗌
a received a				
you state the				
was based on				
what the new				ase
inform me, subat			15.77	hank
you For your to	me and help	7	11.///	1.1
		C. fornal	W. Clark	9
All requests will be handled in informal grievances will be res	/// / / CONCERNOR/NAVION NAVIO (N. 1000 W. 100		2) Personal Interview	v. All
RESPONSE	DO NOT WRITE BELO	DATE REC	EIVED:	
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	There	e was no	new info	rmation
	receive	ed, there	was alot	of out
		e showin		
	DR tha	Enever's	hould ho	ve bee
he following pertains to informal grievances	only:	4		
sed on the above information, your grievanc	e is (R	teturned, Denied, or Appr	oved). If your informal gri	ievance is denied,
u have the right to submit a formal grievance	in accordance with Chapter 32, 103	006 E A C I		
	in accordance with Chapter 33-103.	000, F.A.C.J		
fficial (Signature):	Accordance with Chapter 33-103.		1-17-14	

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.

TATMATE DECILEGY

v to syst	hange DRb K Rangaroo	DEPARTMENT	F CORRECTIONS	Mail Number: Team Number: Institution:	
TO: (Check One)	☐ Warden ☐ Asst. Warden	☐ Classification ☐ Security	☐ Medical ☐ Mental Health	☐ Dental ☐ Other	drews
FROM:	e Name	DC Nu		Job Assignment	Date
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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