

Texas Department of Criminal Justice

Offender Name: ______ TDCJ # _____

OFFENDER STEP 1 GRIEVANCE FORM

OFFICE USE ONL I
Grievance #:
Date Received:
Date Due:
Grievance Code:
Investigator ID #:
Extension Date:
Date Retd to Offender:

Unit: Housing Assignment:	Extension Date:
nit where incident occurred: Date Retd to Offender:	
You must try to resolve your problem with a staff member before you submit a for appealing the results of a disciplinary hearing. Who did you talk to (name, title)?	
What was their response?	
What action was taken?	
State your grievance in the space provided. Please state who, what, when, where a	
-	

Action Requested to resolve your Complaint.		
Offender Signature:	Date:	
Grievance Response:		
•		
Signature Authority:		Date:
f you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Inv	estigator within 15 days from	
tate the reason for appeal on the Step 2 Form.		
Returned because: *Resubmit this form when the corrections are made.		
1. Grievable time period has expired.	OFFIC	E LICE ONLY
2. Submission in excess of 1 every 7 days. *	Initial Submission	E USE ONLY UGI Initials:
3. Originals not submitted. *		
4. Inappropriate/Excessive attachments. *	1	d:
5. No documented attempt at informal resolution. *	i	ler:
6. No requested relief is stated. *	Date Returned to Offender:	
7. Malicious use of vulgar, indecent, or physically threatening language. *	2 nd Submission	UGI Initials:
■ 8. The issue presented is not grievable.		UGI Initials:
9. Redundant, Refer to grievance #		d:
10. Illegible/Incomprehensible. *	1	
11. Inappropriate. *	Date Recd from Offender: Date Returned to Offender:	
JGI Printed Name/Signature:	3 rd Submission	UGI Initials:
	i	UGI Initials:
pplication of the screening criteria for this grievance is not expected to adverse	1	l:
Affect the offender's health.	l -	er:
Medical Signature Authority:		der:
	I Date Kethrned to Citten	