



Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

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

Offender Name: TDCJ #
Unit: Housing Assignment:
Unit where incident occurred:

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? When?
What was their response?
What action was taken?

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate

Lined area for writing the grievance.

