

ALAMEDA COUNTY SHERIFF'S OFFICE

INMATE GRIEVANCE FORM

[] Santa Rita Jail [] Glenn E. Dyer Detention Facility



ADA RELATED

NAME: _____ PFN: _____ DATE: _____ HU/FLOOR _____

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED _____

Grievance Details:

Lined area for writing grievance details

INMATE SIGNATURE: _____

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPAA rights. If you disagree with this, you must indicate so in your grievance.

DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY

DO NOT WRITE BELOW THIS LINE

Received by Deputy: _____ Badge# _____ Date: _____

[] Resolved at Deputy Level Inmate Acceptance (Signature) _____

[] Cannot be resolved at Deputy Level Grievance Tracking Number: _____

The Deputy who received the inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.

ALAMEDA COUNTY SHERIFF'S OFFICE
INMATE GRIEVANCE FORM



ADA
RELATED

Santa Rita Jail Glenn E. Dyer Detention Facility

NAME: _____ PFN: _____ DATE: 2/12/18 HU/FLOOR _____

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED _____

Grievance Details:

Multiple horizontal lines for writing grievance details.

INMATE SIGNATURE: _____

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