

New York State Department of Corrections and Community Supervision

Parolee Grievance Form

Name		DIN		NYSID	
Address				Phone #	()
Area Office				Date	

Describe the problem. Included date/time of incident, names of staff involved, description or any evidence and names of any witnesses. Name the person(s). What did they do and when? Where did this happen? And what have you done so far to get the problem resolved?

****GRIEVANCE MUST BE SUBMITTED WITHIN 30 DAYS OF THE INCIDENT AT ISSUE IN THIS COMPLAINT****

Action requested:

PAROLEE SIGNATURE: _____

Submit this from to the Area Office at:
[Insert the Area Office & address at the attention of the BC here]

****Staff Use Only****

Date received at Regional Office:		Grievance Log No:		
Non-Grievable	Parental Contact	Staff Conduct	Operational Procedure	Standard
Date Forwarded to Bureau Chief for Investigation and Response: _____ (with in 3 business days of receipt and logging as a Grievance)				
Bureau:		Bureau Chief:		

Phase I – Bureau Chief Investigation (complete with in 10 business days of receipt)	
Bureau Chief Response: Granted, Granted in Part, or Denied	Date:
Comments/Findings:	
Bureau Chief Signature:	
Date:	

Phase II – Regional Director Determination (complete with in 5 business days of receipt from BC)	
Regional Director Response: Granted or Denied	Date:
Comments:	
Regional Director Signature:	
Date:	

YOU ARE HEREBY ADVISED THAT THIS CONCLUDES THE ADMINISTRATIVE REMEDIES AVAILABLE THROUGH THE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION.