Form #9402B (09/26)
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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 form to the Area Office at:
[Insert the Area Office & address at the attention of the Bureau Chief (BC) here]

Upon receiving the Bureau Chief's response, should you request to appeal the decision, check the box and sign and date below.

APPEAL REQUESTED: ☐

PAROLEE SIGNATURE: _____ **DATE:** _____

Submit this form to the Regional Office at:
[Insert the Regional Office & address at the attention of the Regional Director (RD) or designee here]

DISTRIBUTION – Parolee, Area Office, Community Supervision Case Folder, Central Files

****Staff Use Only****				
Date received at Area Office:		**Grievance Log No:**		
Non-Grievable	Parental Contact	Staff Conduct	Operational Procedure	Standard
Date Forwarded to BC for Investigation and Response: _____ (within 3 business days of receipt and logging as a Grievance)				
Bureau:	**BC:**			

Phase I – BC Investigation (complete with in 10 business days of receipt)		
BC Response: Granted ☐	Granted in Part ☐	Denied ☐
Comments/Findings:		
BC Signature:	**Date:**	

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

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