

**IDAHO DEPARTMENT OF CORRECTION  
Grievance and Appeal Form**

Offender's Name: \_\_\_\_\_

IDOC Number: \_\_\_\_\_

Check the appropriate box. I am filing  a **grievance**. I am filing  an **appeal**.

If I am filing an appeal, the associated grievance number is: \_\_\_\_\_.

| <b>Offender Section</b>   |                    |
|---|--------------------|
| <b>The problem is:</b> (Write or type a brief description of your issue. Do not exceed this page. Do not submit attachments. You can only grieve one issue per form). |                    |
|   |                    |
| <b>I have tried to solve this problem informally by:</b>  |                    |
|   |                    |
| <b>I suggest the following solution for the problem:</b>  |                    |
|   |                    |
| <b>Offender's Signature:</b> _____  | <b>Date:</b> _____ |
| Note: When sent via email, the form may be accepted without a signature.  |                    |

| <b>For Administrative Use</b> |                                       |
|-------------------------------|---------------------------------------|
| District: _____               | Date Grievance/Appeal Received: _____ |
| Grievance Number: _____       | Date Answer Due: _____                |
| Grievance Category: _____     | Date Answer Received: _____           |