FLORIDA DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

Third Party Grievance Alleging Sexual Abuse

TO: Warden Assistant Warden Secretary, Florida Department of Corrections From or **IF Alleging Sexual Abuse**, on the behalf of:

	Last	First	Middle Initial	DC Number	Instit	ution	
	Part A – Inmate Grievance						
	DA	ATE			SIGNATURE OF GRIEVAN	Γ AND D.C. #	
*BY SIG	NATURE. IN	MATE AGREE	ES TO THE FOLLOWING # OF	30-DAY EXTENSIONS:	1		
	· · · · · · · · · · · · · · · · · · ·			······································	#	Signature	
			ا e at the institution or facility level as al is made to the Secretary, a copy o				
Chapter 33-10 processed po institution. If	03 to file a dire stage free throu the inmate doo	ct grievance he r ugh routine insti es not provide a	sely affected by the submission of a nay address his grievance directly t tutional channels. The inmate mus valid reason or if the Secretary or h processing at the institutional level	o the Secretary's Office. The grieva t indicate a valid reason for not init is designated representative deter	nce may be sealed in the envelop ially bringing his grievance to the mines that the reason supplied is	e by the inmate and attention of the	
	Receipt for Appeals Being Forwarded to Central Office						

Submitted by the inmate on:	Institutional Mailing Log	#:	
(Da	ate)	(Received By)	
DISTRIBUTION:	INSTITUTION/FACILITY	CENTRAL OFFICE	
	INMATE (2 Copies)	INMATE	
	INMATE'S FILE	INMATE'S FILE - INSTITUTION./FACILITY	
	INSTITUTIONAL GRIEVANCE FILE	CENTRAL OFFICE INMATE FILE	
		CENTRAL OFFICE GRIEVANCE FILE	
DC1-303 (Effective 11/13)	Incorporated I	Incorporated by Reference in Rule 33-103.006, F.A.C.	