

KOOTENAI COUNTY INMATE GRIEVANCE FORM

Inmate Name: _____ **Housing Assignment:** _____

Grievance Type: Medical Other

State Grievance (include witnesses, date of incident, and any other information pertaining to the grievance subject) use additional sheets if necessary:

What efforts have you made to resolve this matter informally?

Resolution Requested:

Receiving Deputy: _____ # _____ **Date/Time Received:** _____

***Bold areas to be filled out by Jail Staff**