

New York State Commission of Correction
Grievance Investigation Form

Date(s) of Investigation: _____

Inmate's Name: _____

Facility: _____

Facility Grievance Number: _____

Description of the issues

Supplement Attached ()

**Interview summary of ALL persons involved with the grievance: List names
AND brief summary of each interview**

Statements Attached ()

Summary of Findings

Supplement Attached ()

List of other relevant information/documentation

Supplement Attached ()

Report prepared on: _____

Printed Name: _____

Signature: _____

Title: _____