

|                              |             |              |                        |
|------------------------------|-------------|--------------|------------------------|
| NAME (Print)                 | (LAST NAME) | (FIRST NAME) | CDCR NUMBER            |
| INSTITUTION OR PAROLE REGION |             |              | HOUSING AND BED NUMBER |

\*\*\* YOU CAN NOW FILE A GRIEVANCE OR REQUEST A REASONABLE ACCOMMODATION BY COMPLETING THIS FORM \*\*\*

If you are submitting a grievance, an allegation of staff misconduct, or an allegation of disability-based discrimination, please complete the section below and sign and date the form.

**GRIEVANCE (CDCR 602-1)**  
Please describe your complaint. Include the names of all those who were involved; any attempts to informally resolve the issue; and any related log numbers for documents in your central file.

Date of Event, if known: \_\_\_\_\_

Time of Event, if known: \_\_\_\_\_

Location of Event, if known: \_\_\_\_\_

Describe your complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, continue on the back of this form

If you are requesting assistance or an accommodation so you can access or participate in a program, service, or activity, or want to report the removal or denial of an accommodation due to disability-based discrimination, please complete the section below and sign and date the form.

**REASONABLE ACCOMMODATION REQUEST (CDCR 1824)**  
Please answer the following questions:

1. What can't you do / What is the problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Why can't you do it?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What do you need?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you need more space, continue on the back of this form

Your Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

STAFF USE ONLY

Date Received: \_\_\_\_\_

Log Number: \_\_\_\_\_

Use this side of the form as a continuation page for a grievance, a reasonable accommodation request, or both