

GRIEVANCE / REASONABLE ACCOMMODATION REQUEST

CDCR 602-1 / 1824 (01/25)

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