ARIZONA DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCES

CONTRACTOR NAME: _____

Arizona State Prison Complex Name: _____ For Month and Year: _____ Date Submitted: _____

Arizona State Prison Complex	Total Number of Formal Inmate Grievances Received	Number of Complaints in each of the following Categories							
		Staff	Medical	Delay in Care	Pharmacy	Dental	Medical Records	Mental Health	Third-Party Service Provider
Douglas									
Eyman									
Florence									
Lewis									
Perryville									
Phoenix									
Safford/Ft. Grant									
Tucson									
Winslow									
Yuma									