

DIVISION OF IMMIGRATION HEALTH SERVICES

Detainee Grievance Form

Detainee Name _____

A# _____

Date _____

This is a(n) _____ Attempt at Informal Resolution

_____ Request for Administrative Remedy

Nature of the Problem

Results of Investigation By Staff Member CD HSA (Circle one)

Action(s) taken for Resolution—be specific

Explanation of non-resolution—be specific (if applicable)

Staff Member Signature
DIHS QMD 011

CD/HSA Signature

Date