



CITY OF NEW YORK - DEPARTMENT OF CORRECTION



OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES

Form: 7104R
 Eff.: 9/14/18
 Ref.: Dir. 3376R-A

DIVISION CHIEF'S DISPOSITION FORM

Inmate's Name:	Book & Case #:	NYSID #:
Grievance Reference #:	Date Filed:	Facility:
Title of Grievance:	Category:	

DIVISION CHIEF'S DISPOSITION

The OCGS disposition is:

Accepted

Rejected

Division Chief's Disposition and Comments:

Division Chief's Signature:	Date:
-----------------------------	-------

NOTICE TO INMATE

Check the appropriate box below and provide your signature. You have two (2) business days from receipt of this notice to file your appeal.

I accept the Division Chief's disposition and do not wish to appeal to the Central Office Review Committee.

I reject the Division Chief's disposition and wish to appeal to the Central Office Review Committee.

Failure to sign the form will forgo your right to appeal.

Inmate's Signature:	Date:
Grievance Coordinator/Officer Signature:	Date: