

**STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS**

**OFFICE OF THE GENERAL COUNSEL  
BUREAU OF INMATE GRIEVANCE APPEALS  
GRIEVANCE APPROVAL ACTION FORM (GAAF)**

\_\_\_\_\_  
Institution/Facility/Regional Office

I.

\_\_\_\_\_  
Inmate Name

\_\_\_\_\_  
DC Number

\_\_\_\_\_  
Date Grievance Received by Staff

\_\_\_\_\_  
Grievance Log Number

\_\_\_\_\_  
Classification of Grievance

\_\_\_\_\_  
Date Grievance Approved

Name of Approving Employee: \_\_\_\_\_

II.

Brief Statement of Issue Approved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III.

Staff Assigned Responsibility for Carrying Out Approval (Typed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IV.

Name of Grievance Coordinator: \_\_\_\_\_

Date Assigned: \_\_\_\_\_

V.

Action Taken by Staff to Carry Out Approval (Typed): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI.

Signature of Warden: \_\_\_\_\_

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

VII.

Date Grievance Record Updated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Grievance Coordinator or Chief of Inmate Grievance Appeals

Distribution:

**Institution/Facility**

Distribution:

**Central Office**

White Copy

Grievance Coordinator's File

White Copy

Central Office Grievance File

Canary Copy

Inmate's File

Canary Copy

Central Office Inmate File

Pink Copy

Grievance Coordinator's File

Goldenrod Copy

Inmate's File – Institution/Facility