STATE OF FLORIDA *DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: SUPERINTENDENT ASSISTANT SUPERI	ENDENT	SECRETA	RY, FLORIDA DE	PARTMENT OF	CORRECTIONS
FROM: DeFriest Mark C.	0730	06/	Flo	state	Prison
LAST NAME, FIRST, MIDDLE INITIAL	NUMBER	*kc	Institution		
	· Inmate Grievance	-	_		
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2-17-92 DATE	~ <u>L</u>	Nord D	WIBE OF GRIEN	ANTENNO D.C	*#
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Par	RESPONSE		4- 4		
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Your administrative appeal has been	reviewed and	ovalust	ed. The r	esponse	that
you received at the institutional appropriately address the concerns t	level has b	een _revi	enged and	is found	to .
well as the Central Office level.	ac you raiso			*	
Your administrative appeal is denie	d.		2%。		
NOTE: A review of your disciplinar	ry record for	19 91 re	veals 17	dieoipii	nary
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Date Signature of Employee Responding			OPERINTENDEN REPRESENTATI	•	RINTENDENT,
ORIGINAL: TO BE RETURNED TO GRIEVANT AFTER COMPLETION	N OF ACTION.	<u> </u>	i i 1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,		
PA	RT Co RECEIPT. S	, ·		age of the same	
ETURN TO: DOFRIEST, Mark	077061	E	51	5	* *
LAST NAME, FIRST, MIDDLE INITIAL	Number	INSTITUTIO	N		
ACKNOWLEDGE RECIEPT THIS DATE OF A GRIEVANCE FROM	M THE ABOVE INM	ATE IN REGA	RD TO THE FO	LLOWING SI	JBJECT:
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DATE DISTRIBUTION: INSTITUTION/FACILITY		RIBUTION:	Signature (S		R) AL OFFICE
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