Request for Inclusion or Revision to an Administrative Directive
Connecticut Department of Correction

Administrative Directive Number: 9.6
Title: Inmate Administrative Remedies

☐ I recommend the following inclusion or revision to the above referenced Administrative Directive (provide detailed explanation):

Revision:
Remove from section 16: F: Claims Commissioner at 165 Capitol Avenue Room 123 Hartford, Connecticut 06106.
Replace with: Claims Commissioner, at 450 Columbus Boulevard, North Tower, Suite 203 Hartford, Connecticut 06103.

CN9611/2 section E, with: Claims Commissioner, at 450 Columbus Boulevard, North Tower, Suite 203 Hartford, Connecticut 06103.

*All forms will have to be distributed to facilities and replaced.

☐ See attached documents

ORIGINATOR
Name: Debra Synott
Title: Captain
Date: 02/27/2017
Signature: 
Facility/Unit: Tactical Operations

UNIT/DISTRICT/DIVISION RECOMMENDATIONS

Approved  Denied
☐  ☐ Unit Administrator’s signature: Date: 3/2/17
☐  ☐ District Administrator’s signature: (only needed if originating from facility) Date: 
☑  ☐ Division Administrator’s signature: Date: 3/2/17

Reviewed by: Office of Standards and Policy Staff signature: Date: 3-22-17

COMMISSIONER’S DECISION
This request is: ☑ APPROVED  ☐ DENIED  Effective date of request: 3/24/17

☑ The language/provisions of this inclusion/revision shall be effective as of:
and subsequently added to the Administrative Directive at the next update.

☐ This inclusion/revision shall be added to the Administrative Directive prior to: 

☐ This inclusion/revision shall be added immediately to the Administrative Directive.

Commissioner’s signature: 
Date: 3/24/17