

# Inspector Activity Report

Institution:	Reporting Month/Year:	Inspector:
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**INSPECTION OF INSTITUTION SERVICES:** *(Minimum of 4 required)*

Date	Service Inspected/Area Inspected
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**COMMUNICATIONS:**

Kites:	Court of Claims Investigations:	Approved 5120-9-32 Settlements:
Outside Agency Contacts (i.e., CIIC, A.G.):		Other Outside Contacts (i.e. inmate family, friends...):

**ORIENTATION TO INMATE GRIEVANCE PROCEDURE:**

<b><u>INMATE</u></b>		<b><u>STAFF</u></b>	
Date	Number Attending	Date	Number Attending
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL ASSIGNMENTS/MEETINGS/SEMINARS:**