I. PURPOSE

To provide offenders with directions, on how to implement the Department's grievance process.

II. POLICY

The Department of Corrections is committed to resolving offender grievances in a fair and efficient manner. Offenders are required to use this process in a responsible manner.

III. DEFINITIONS

A. Alternate Designee – Appointed by the Warden/Superintendent to process grievances involving the Grievance Officer or appealing authority. An alternate designee will assume the responsibilities of the Grievance Officer in his/her absence.

B. Grievance - A formal, written complaint, utilizing the established procedures filed by an offender.
C. Grievance Officer – An impartial authority appointed by the Warden/Superintendent, whose responsibilities will include: numbering each grievance, determining the process to be used, issuing a receipt of the grievance, investigating, providing initial response, and maintaining records. Grievance Officers will be knowledgeable of investigative techniques and conflict resolution as well as institution and department policies.

D. Grievance Committee - An Ad Hoc Committee appointed by the Warden/Superintendent to consider special, unique, or unusual issues.

E. Grievant – Offender filing the complaint.

F. Informal Resolution – A genuine attempt by the grievant, with the assistance of their counselor, living unit supervisor, or administrative staff, to correct the perceived problem.

G. Grievance Appeal Coordinator – The person responsible for reviewing grievances at the third step for the Iowa Department of Corrections.

H. Grievance Process Used:

1. Nongrievable
2. Standard: Complaints, which are not an emergency.
3. Emergency: Appears to be a substantial risk of physical injury or other serious and irreparable harm if regular time limits are followed.
4. Other: (Incomplete forms, no informal resolution attempt, previously grieved, tort claim, insufficient information, etc.)

I. Nongrievable complaints:

1. Policies/procedures, which have formal appeal mechanisms. (Parole Board, disciplinary process, classification decisions, work release decisions, publications review, visiting decisions, religious issues, etc.)
2. Untimely pursuant to policy.

J. Resolution – The decision to either deny, sustain or partially sustain an offender’s suggestion, as to how his problem can be corrected. When an offender withdraws a complaint, no further action will be taken.

Types of Resolution include:
1. **Sustain** – The inmate’s request is granted.
2. **Partially Sustain** – A portion of the inmate’s request is granted.
3. **Deny** – The inmate’s request is refused.
4. **Withdrawn** – The inmate has dismissed his complaint and no action is required.
5. Issues that have been previously grieved and a decision has been rendered may not be grieved again unless new, substantial information requires additional review. This shall be a decision of the Grievance Officer.

**IV. PROCEDURES**

**A.** Offenders, regardless of physical condition, security, or administrative status, shall follow this process to file grievances. Assistance shall be made available to offenders who cannot complete the forms themselves. Counselors shall initiate the required assistance.

**B.** Offenders may grieve policies, conditions, health care treatment, employees, and other offenders within the institution that affect them personally. Grievances must be filed with the Grievance Officer within 30 days of the alleged incident.

**C.** Offenders or employees who appear to be involved in a complaint will not participate in any capacity of the formal resolution process. If a complaint is filed against the Grievance Officer or appealing authority, the Alternate Designee will respond to the complaint.

**D.** The grievance process is confidential. Offenders are permitted to send sealed mail/letters to Grievance Officer or appealing authority. Mail/letters must be marked as “confidential” by the sender. Staff may search confidential mail/letter for contraband in the presence of the offender before the mail/letter is sealed. (Refer. IN-V-64 Mail)

**E.** Offenders are expected to use the grievance resolution process in good faith. Deliberate misuse, malicious, or frivolous use of the procedure may result in limitations or restrictions. Appropriate disciplinary action may be taken for repeated abuse or improper use of the grievance program.

**F.** Upon recommendation by the Grievance Officer and approval of the Warden/Superintendent, the number of grievances that an offender or offenders can file may be limited. The Warden/Superintendent will review these cases monthly, and the limit will be lifted when there is no further cause (Form F-6).
G. Offenders may, at any time, seek assistance to their problems through the Office of Citizen’s Aide Ombudsman.

H. New employee training will include written and oral instructions in the grievance resolution process.

I. Offender admission procedures will include written and oral instructions in the grievance resolution process.

J. The Warden/Superintendent may appoint an alternate designee to serve as grievance officer when necessary.

K. This policy will be posted and accessible to offenders.

V. PROCESS

A. Offenders must attempt to resolve the grievance informally prior to filing a written grievance. Where additional informal resolutions are available, the offender may be required to seek further informal resolution before filing the grievance.

B. "Offender Grievance Complaint" (Form F-1) and "Grievant Appeal" (Form F-4) must be used. Forms are available in living units, libraries, or through Grievance Officers. Only one issue may be grieved per form.

C. Within 7 days of receipt, the Grievance Officer will:

1. Number each grievance (including incomplete and nongrievable)
2. Determine the process to be used (standard, emergency, nongrievable, other)
3. Notify the offender in writing of:

   a. Receipt of each grievance (Form F-2)
   b. Process to be used (standard, emergency, nongrievable, other)

   i) If an emergency is declared by the grievant, but not determined to be as such by the Grievance Officer, the denial will be explained in writing.
   ii) If the Grievance Officer determines upon initial review that an emergency grievance exists, the grievance will be investigated immediately and corrective action, if indicated, will be initiated.
iii) If the Grievance Officer determines that a grievance is not grievable, written notice will be sent to the grievant stating the reasons (Form F-2). Although there is no appeal of these grievances, these complaints can be filed with the Citizen’s Aide Ombudsman’s Office.

iv) If the Grievance Officer determines that the offender did not attempt informal resolution or the form is incomplete, the grievance will be returned to the offender to be completed properly and resubmitted.

4. Within 21 days, the Grievance Officer will provide a written response (Form F-3) and a recommendation based upon the grievance investigation.

If a response cannot be given within 21 days, the offender will be notified, in writing, that the investigation is continuing and an extension will be given.

D. If more than one offender files a grievance concerning the application of general institution policies, practices, health care treatment, or conditions, the Grievance Officer may process these grievances as a group, therefore, providing the same response to each grievant.

E. If a grievance concerns the application of general institution policies, practices, or conditions, the Grievance Officer may refer the grievance to a hearing before a Grievance Committee, which will respond within 7 days.

1. If a grievance is heard by a Grievance Committee, the offender will be notified in writing and given 7 days to submit comments of other offenders, other evidence, or affidavits. The Committee may limit comments, evidence, or affidavits to a point at which a decision can be reached.

2. When a Grievance Committee hears a grievance, the Committee will determine the manner in which testimony will be given. Testimony may include the grievant’s personal appearance, written comments of other offenders, and other evidence or affidavits.

APPEALS:

A. The grievant must appeal the decision within the stated time limits of the policy. Offender appeals received after the policy time limit expires will not be heard and the prior decision will be upheld.
B. The grievant may appeal the initial response of the Grievance Officer or Committee in writing (Form F-4) to the Warden/Superintendent within 15 days of receipt of the decision. Grievances considered “nongrievable” cannot be appealed.

C. The Warden/Superintendent or designee will respond in writing (Form F-3) to the appeal within 14 days of receipt. The appeal response will include the reasons for the decision.

D. The decision of the Warden/Superintendent may be appealed to the Grievance Appeal Coordinator within (15) days of date of the warden/superintendent’s response (Form F-4).

E. The Grievance Appeal Coordinator or designee will ensure response to appeals (Form F-5) from the appropriate source within 30 days of receipt. The appeal response will include reasons for the decision. This is the final appeal step.

F. Expiration of a time limit at any step entitles the grievant to move to the next step unless a written extension has been given.

G. The maximum period between receipt of a grievance and the final appeal response will not exceed 102 days unless extensions have been given.

H. Grievances will be filed under a unified and confidential system to be kept separate from the offender’s master file. At a minimum, these records must include: complaint form, investigation, initial Grievance Officer response or Committee response, and appeal responses. These records will be kept for five (5) years.

STATE OF IOWA

DEPARTMENT OF CORRECTIONS

OFFENDER GRIEVANCE COMPLAINT

Grievance No.
(For Grievance Officer Use Only)

Your grievance will be returned if all the information above the dotted line is not completed.

Name ___________________________ Date ___________________________

Number ___________________________ Housing Unit ___________________________

[ ] Standard [ ] Emergency Reason: ___________________________

Description of Problem:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

(Attach additional sheets if necessary)

Grievant Signature ___________________________ Date ___________________________

Action Requested by Offender ___________________________

________________________________________________________________________

Have informal resolution procedures been exhausted and what steps have you taken?

[ ] Yes [ ] No Explain steps taken and with whom ___________________________

________________________________________________________________________

Grievance Officer Receipt ___________________________ Date ___________________________

________________________________________________________________________
STATE OF IOWA  
DEPARTMENT OF CORRECTIONS  

GRIEVANCE ACKNOWLEDGMENT AND RECEIPT  

Date: ____________________________ 

To: _______________________________ I.D. Number: ____________________________ 

From: Grievance Officer ____________________________ 

Re: Grievance Dated ____________________________________________________________________ 

I. Your grievance has been received and has been assigned No. ____________________________ 

Your grievance will be processed as: ____________________________ 

(1) Nongrievable ____________________________ 

(2) Standard ____________________________ 

(3) Emergency ____________________________ 

(4) Other (see below for explanation) 

You will be advised as to disposition within 21 days. 

II. Your grievance is being returned and was not processed for the following reason(s): 

____ You have not attempted informal resolution 

____ Your grievance has been ruled "non-grievable" since it deals with a matter that does not fall 
under the jurisdiction of the Department of Corrections or deals with a matter that already 
has an appeal process. 

____ You do not provide sufficient details i.e., what, when, who, etc. 

____ This issue has already been grieved by you (Grievance No. ____________________________ 

____ Your grievance was not signed. 

____ You do not provide any "action requested". 

____ You request resolution on more than one issue. (IDOC Policy IN-V-46 states, "Only one issue 
may be grieved per form.") 

____ Other: (explanation provided) 

______________________________________________________________________________ 

______________________________________________________________________________
STATE OF IOWA
DEPARTMENT OF CORRECTIONS

GRIEVANCE RESPONSE/WARDEN APPEAL RESPONSE

Offender Name ___________________________ Offender No. ________________

Grievance No. ____________________________

Response: __________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

(Attach additional pages if necessary)

Date Returned to Offender __________________________

Response Person(s) __________________________

Appeal Rights:
1. If this response is from a source other than the Warden/Superintendent, you may appeal in writing to the Warden/Superintendent within fifteen (15) days of receipt of this response.

2. If this response is from the Warden/Superintendent, you may appeal in writing within 15 days of the date of this response to the Grievance Appeal Coordinator:

Grievance Appeal Coordinator
Central Office
420 Watson Powell Jr. Way
Des Moines IA 50309

Appeal forms may be obtained in living units, libraries, or from Grievance Officers. The Grievant Appeal form must be used and completed in full, or your appeal will be returned.
GRIEVANT APPEAL FORM

STATE OF IOWA
DEPARTMENT OF CORRECTIONS

Date: ________________________

Offender Name ____________________________ No. ________________________

Grievance No. ____________________________ Housing Unit ________________________

Appeal must be sent to the appropriate source within fifteen (15) days of the date of receipt of grievance response or Warden/Superintendent appeal response. If appealing to the Grievance Appeal Coordinator, date of Warden/Superintendent’s response.

Grievant’s Signature ____________________________ Date ________________________

Appeal Statement – My basis for appeal: (cite specific reasons, new evidence, witnesses, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Action Requested ____________________________

(Use back or additional paper, if needed)
STATE OF IOWA
DEPARTMENT OF CORRECTIONS

CENTRAL OFFICE GRIEVANCE RESPONSE FORM

Offender Name: ___________________________ I.D. No ______ Institution _______________

Grievance Number ___________________________ Date Received ___________________________

Office Action

A __ _____ Response provided
B __ ______ File complaint with Grievance Officer
C __ ______ Appeal to Warden/Superintendent
D __ ______ Use appropriate appeal form (complete all information)
E __ ______ Grievance appeal untimely pursuant to policy
F __ ______ Extension necessary
G __ ______ Nongrievable matter
H __ ______ This issue has previously been grieved
J __ ______ Appeal contents are unclear (provide more facts)
I __ ______ Other (explained below)

Resolution

A __ ______ Sustained
B __ ______ Denied
C __ ______ Partially sustained
D __ ______ Other (explained below)

Response

Issue:
In review of your appeal and other necessary information:

A. ____ I concur with the decision and reasons of the Warden/Superintendent and Grievance Officer’s response
B. ____ The warden/superintendent’s appeal response will be modified as follows:
C. ____ There will be no further action regarding this matter from this office.

Signed: ___________________________ Date ___________________________

cc: Offender
    Grievance Officer
    DOC File
TO: ________________________________

FROM: ________________________________ Warden/Superintendent

SUBJECT: Grievance Restriction

You have filed _______ grievances since _________________.

I have determined, upon consultation with the Grievance Officer that this multiple use of the procedure constitutes abuse or improper use and indicates frivolous use by you. (IDOC Policy IN-V-46.)

Effective immediately, you will be limited to _______ grievances per calendar month for the next ______ months. I will reassess your privilege at that time.

Complaints submitted by you in excess of this will be returned to you unanswered.

Date: ________________________________

REVIEW OF RESTRICTION

On __________ your access to the grievance resolution process was restricted.

On this date, that restriction was reviewed. My decision is:

_____ The restriction will continue as is with another review in approximately 30 days.

_____ The restriction is ended. Future misuse of the grievance resolution process may result in further restrictions.

_____ The restriction will be modified as follows:

cc: Grievance Officer
    Counselor
    Grievance Appeal Coordinator
    File