STATE OF IOWA

DEPARTMENT OF CORRECTIONS

OFFENDER GRIEVANCE COMPLAINT

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

Grievance No. ______________________________________

(For Grievance Officer Use Only)

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.
STATE OF IOWA
DEPARTMENT OF CORRECTIONS

GRIEVANT APPEAL FORM

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**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Response provided</td>
</tr>
<tr>
<td>B</td>
<td>File complaint with Grievance Officer</td>
</tr>
<tr>
<td>C</td>
<td>Appeal to Warden/Superintendent</td>
</tr>
<tr>
<td>D</td>
<td>Use appropriate appeal form (complete all information)</td>
</tr>
<tr>
<td>E</td>
<td>Grievance appeal untimely pursuant to policy</td>
</tr>
<tr>
<td>F</td>
<td>Extension necessary</td>
</tr>
<tr>
<td>G</td>
<td>Nongrievable matter</td>
</tr>
<tr>
<td>H</td>
<td>This issue has previously been grieved</td>
</tr>
<tr>
<td>I</td>
<td>Appeal contents are unclear (provide more facts)</td>
</tr>
<tr>
<td></td>
<td>Other (explained below)</td>
</tr>
</tbody>
</table>

**Resolution**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Sustained</td>
</tr>
<tr>
<td>B</td>
<td>Denied</td>
</tr>
<tr>
<td>C</td>
<td>Partially sustained</td>
</tr>
<tr>
<td>D</td>
<td>Other (explained below)</td>
</tr>
</tbody>
</table>

**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
STATE OF IOWA  
DEPARTMENT OF CORRECTIONS  

GRIEVANCE RESTRICTION/REVIEW  

DATE: _______________________________  

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