INMATE GRIEVANCE

Inmate's Name: ______________________ NMCD#: _______ Grievance File#: _______

Institution: ___________ Housing Unit: ___________ Date of Incident: ___________

Date Received by Grievance Officer: ___________

Grievance Officer's Signature: ____________________

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read policy/procedure CD-150500 before filing a grievance. Your grievance must be typed or clearly written so as to be readable after photocopying. The grievance must be filed with the Institutional Grievance Officer to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

Inmate's Signature: ______________________ Date: ___________

Relief Requested:

STEP 2 – To Be Completed by the Grievance Officer:

A. ______ Your grievance is accepted for consideration.
B. ______ Your grievance is being returned to you because of the following reason:
   1. The grievance is not readable.
   2. The matter has been answered in previous grievance #: ___________
   3. The grievance concerns material not grievous under present policy.
   4. The grievance is a group grievance or petition. (Submit individually.)
   5. The grievance is not timely.
   6. Other Specify: ____________________________

Grievance Officer's Signature: ______________________ Date: ___________
STEP 3 – Grievance Investigation and Recommendation:

Grievance Officer’s Signature ___________________________ Date ___________________________

STEP 4 – Decision of Warden/Designee:
Denied ( )  Granted ( )  Dismissed ( )  Resolved ( )  Referred ( )

Signature: ___________________________ Date: ___________________________

Date Returned to Inmate: ___________________________

STEP 5 – Departmental Appeal: (Return grievance to Grievance Officer for processing.)
A. Reason for appeal:

Inmate’s Signature: ___________________________ Date: ___________________________

Date Received By Grievance Officer: ___________________________

Date Sent to Grievance Coordinator: ___________________________

B. Department Decision:

__________________________________________ Date: ___________________________

Cabinet Secretary/Designee
Inmate 2-Day Notice of Receipt of Grievance

Inmate’s Name: __________________________ NMCD#: __________________________
Grievance File #: __________________ Facility: __________ HU: _______ Cell: _______
RE: __________________________ Issue is under Review: Yes ( ) No ( )
Date Formal Grievance Received: __________ Date Notice of Receipt Sent: __________

Inmate 2-Day Notice of Receipt of Grievance

Inmate’s Name: __________________________ NMCD#: __________________________
Grievance File #: __________________ Facility: __________ HU: _______ Cell: _______
RE: __________________________ Issue is under Review: Yes ( ) No ( )
Date Formal Grievance Received: __________ Date Notice of Receipt Sent: __________

Inmate 2-Day Notice of Receipt of Grievance

Inmate’s Name: __________________________ NMCD#: __________________________
Grievance File #: __________________ Facility: __________ HU: _______ Cell: _______
RE: __________________________ Issue is under Review: Yes ( ) No ( )
Date Formal Grievance Received: __________ Date Notice of Receipt Sent: __________

Inmate 2-Day Notice of Receipt of Grievance

Inmate’s Name: __________________________ NMCD#: __________________________
Grievance File #: __________________ Facility: __________ HU: _______ Cell: _______
RE: __________________________ Issue is under Review: Yes ( ) No ( )
Date Formal Grievance Received: __________ Date Notice of Receipt Sent: __________
NEW MEXICO
CORRECTIONS DEPARTMENT
INMATE INFORMAL COMPLAINT

Inmate Name: ___________________________ NMCD#: __________________

Facility: ___________________ HU/Cell #: ______________

Name of subject or person to whom the complaint was filed against: __________________

Explain your complaint in detail:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Inmate Signature: ___________________________ Date: __________________

Reviewing Staff Member

I, ___________________________ have reviewed the above informal complaint and

Recommend: ( ) Resolution ( ) Recommend formal grievance

Explain: ______________________________________________________________

________________________________________________________________________

________________________________________________________________________

Staff Signature: ___________________________ Date: __________________

This informal complaint has been resolved as acknowledged by the signatures below:

Reviewer’s Signature: ___________________________ Date: __________________

Staff Witness Signature: ___________________________ Date: __________________

Inmate Signature: ___________________________ Date: __________________

If this informal complaint could not be resolved, the inmate may pursue a formal grievance.

Attach this document to the Formal Grievance.