CHAPTER 14: INMATE/RESIDENT RIGHTS

SUBJECT: LEGAL RIGHTS OF INMATES/RESIDENTS

SUPERSEDES: JULY 1, 1995

EFFECTIVE DATE: DECEMBER 1, 2002

FACILITY: CORRECTIONAL TREATMENT FACILITY

FACILITY SUPERSEDES: DECEMBER 13, 2002

FACILITY EFFECTIVE DATE: AUGUST 12, 2005

APPROVED:
SIGNATURE ON FILE AT CORPORATE OFFICE
JIMMY TURNER
VICE PRESIDENT, OPERATIONS

APPROVED:
SIGNATURE ON FILE AT CORPORATE OFFICE
G. A. PURYEAR
EXECUTIVE VICE PRESIDENT/GENERAL COUNSEL

14-4.1 PURPOSE:
To specify rights afforded inmates/residents housed in CCA facilities.

14-4.2 AUTHORITY:
Corporate and Facility Policy; State and Federal Laws

14-4.3 DEFINITIONS:
Inmate/Resident - Any adult or juvenile, male or female housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners or offenders depending on classification and in accordance with facility management contracts.

14-4.4 POLICY:
It is the policy of CCA to ensure that all inmates/residents are afforded the following rights:

A. Access to Courts: Inmates/residents will have access to the court system in accordance with CCA Corporate and Facility Policy 14-8 or any other contractually required policy concerning access to the court system.

B. Access to Counsel: Inmates/residents will be able to have confidential contact with their attorneys.

C. Equal Access: Program access, work assignments and administrative decisions will be made without regard to race, religion, national origin, gender, disability, or political views.

D. Separate Housing: Male and female inmates/residents housed in the same institution will have separate sleeping quarters but equal access to all available services and programs. Neither sex will be denied opportunities solely on the basis of their smaller number in the population.

E. Access to Media: Inmates/residents are permitted to have reasonable access to the media in accordance with CCA Corporate and Facility Policy 14-3 or any other contractually required policy concerning access to the media.
F. **Protection From Personal Abuse, Verbal Abuse, Personal Injury, Disease, Corporal Punishment, Property Damage and Harassment**

G. **Freedom from Unreasonable Searches:** Inmates/residents will not be searched for harassing or retaliatory purposes. Inmate/resident searches will be conducted in accordance with CCA Corporate and Facility Policy 9-5 or any other contractually required policy concerning searches.

H. **Personal Grooming:** Inmates are permitted freedom in personal grooming as long as their appearance does not conflict with the facility's requirements for safety, security, identification and hygiene.

I. **Grievance Procedures:** Inmates/residents will have access to a grievance or administrative remedy procedure as outlined in CCA Corporate and Facility Policy 14-5 or any other contractually required policy concerning grievances.

J. **Religion:** Inmates/residents can practice a religion subject only to limitation necessary to maintain order and security.

K. **Freedom from Discrimination:** Freedom from discrimination based on race, religion, national origin, gender, disability, or political views.

L. **Protection from Inmates/Residents Having Power or Authority Over Another Inmate/Resident:** All inmates/residents will be supervised and under the control of trained staff or trained volunteers at all times. In no case will an inmate/resident be given power or authority over another inmate/resident.

M. **Access to Foreign Consulate:** Foreign national (non-U.S. citizen) inmates/residents have a right to access the foreign consulate from his/her country of citizenship at any time.

### 14.4.5 PROCEDURE:

A. The Warden/Administrator or designee will investigate any allegation of a violation of this policy.

B. Any staff member found violating the rights of inmates/residents set forth in this policy will face possible disciplinary action up to and including termination of employment.

C. Staff members will report violations of this policy immediately to their immediate supervisor or the next available staff member in the chain of command.

D. **Foreign Consular Notification**

   If the contracting agency has not assumed responsibility of foreign consular notification or if inmates/residents invoke the right after initial arrest and detention, CCA will notify the consulate in accordance with the U.S. Department of State guidelines.

E. **AT THIS FACILITY, ADDITIONAL PROCEDURES ARE AS FOLLOWS:**

   A copy of this policy is available in the Law Library and will be provided to any inmate upon request.

### 14.4.6 REVIEW:

The General Counsel will review this policy annually.

### 14.4.7 APPLICABILITY:

All CCA facilities and programs.

### 14.4.8 ATTACHMENTS:

None.

### 14.4.9 REFERENCES:

Proprietary Information - Not for Distribution - Copyrighted
Property of Corrections Corporation of America
ACA Standards. The ACA Standards for this facility are as follows:
4-ALDF-6A-01, 6A-06, 6A-07, 6A-08, 6A-04, 6B-01
**14-5.1 POLICY:**

CCA will provide a means for all inmates/residents to address complaints regarding facility conditions, treatment, and policies and procedures. Many matters can and should be resolved directly and promptly between the inmate/resident and institutional staff.

All inmates/residents will have access to an informal resolution process to resolve their complaints. At any time the informal resolution process has not provided successful resolution of the complaint or in the event of an emergency grievance, inmates/residents may use the formal grievance process. All complaints should be assessed in a fair and impartial manner. Resolution in the best interest of the inmate/resident and the facility should be the primary goal.

**14-5.2 AUTHORITY:**

CCA Company Policy

**14-5.3 DEFINITION:**

- **Emergency Grievance** — A grievance in which the potential for personal injury or irreparable harm exists.
- **Grievance Officer** — Facility staff member responsible for tracking and management of the grievance process. This includes coordination of investigations and ensuring that resolution is reached.
- **Grievance** — A written complaint concerning the facility conditions, treatment, policies, and/or procedures which is believed to personally affect the inmate/resident in a negative manner.
- **Inmate/Resident** — Any adult or juvenile, male or female, housed in a CCA facility. Inmates/residents may also be referred to as detainees, prisoners, or offenders depending on classification and in accordance with facility management contracts.
- **Reasonable Suspicion** — A suspicion which is based upon documentable, articulable facts which, together with the employee’s knowledge and experience, lead him/her to believe that an unauthorized situation or violation of rules exists.
- **Reprisal** — Any action or threat of action against any inmate/resident for the good faith use of or good faith participation in the informal resolution process or grievance procedure.

**14-5.4 PROCEDURES:**

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A. AVAILABILITY OF INFORMATION

1. Employees
   A copy of this policy will be available to all employees.

2. Inmates/Residents
   a. New Inmates/residents will be informed of the informal resolution process and grievance procedures upon arrival.
   b. A summary of procedures outlined in this policy will be included in the Inmate/Resident Handbook.
   c. A copy of this policy will be available in the inmate/resident library. A copy will also be available for inmates/residents that do not have the opportunity to visit the library (i.e. segregated inmates/residents).

NOTE: In the event an Inmate/resident has difficulty in understanding the procedures outlined in this policy, employees must ensure that the information is effectively communicated on an individual basis. Auxiliary aids which are reasonable, effective, and appropriate to the needs of the inmate/resident shall be provided when simple written or oral communication is not effective.

B. TRAINING

All employees will receive training on this policy in pre-service and in-service training. Training will be documented in accordance with CCA Policy 4-2, Maintenance of Training Records.

C. GRIEVANCE AVAILABILITY

1. Inmates/residents can invoke the grievance procedure regardless of disciplinary, classification, or other administrative decisions to which the Inmate/resident may be subject.

2. An inmate/resident may not submit a grievance on behalf of another inmate/resident; however, assistance from a staff member or inmate/resident may be provided when necessary to communicate the problem on the grievance form.

D. CONFIDENTIALITY
Grievances are considered special correspondence. If a sealed envelope is labeled "Grievance" and addressed to the Grievance Officer, it will not be opened for inspection unless there is reasonable suspicion that the sealed envelope contains contraband. If reasonable suspicion exists and the Warden/Administrator or designee's approval has been obtained, the envelope may be opened and inspected for contraband only.

E. PROTECTION FROM REPRISAL

Inmates/residents shall not be subject to retaliation, reprisal, harassment, or discipline for use or participation in the informal resolution process or grievance process. Any allegations of this nature will be thoroughly investigated by the Warden/Administrator and reviewed by the appropriate Divisional Managing Director, Facility Operations. The Divisional Managing Director, Facility Operations will notify the appropriate Vice President, Facility Operations of any allegations that are found to be credible.

F. GRIEVABLE MATTERS

Inmates/residents may grieve the following matters through the grievance process:

1. Violation of state and federal laws, regulations, or court decisions, to include but not limited to violations of the Americans with Disabilities Act, constitutional rights, etc.
2. Application of rules, policies, and/or procedures towards inmates/residents over which CCA has control;
3. Individual staff and inmate/resident actions, including any denial of access to the informal resolution or grievance processes;
4. Reprisals against inmates/residents for utilizing the informal resolution or grievance processes; and
5. Any other matter relating to the conditions of care and supervision within the authority of CCA.

AT THIS FACILITY, ADDITIONAL CONTRACTUAL INFORMATION REGARDING GRIEVABLE MATTERS IS:

NONE

G. NON-GRIEVABLE MATTERS

The following matters are not grievable by inmates/residents through these grievance procedures:

1. State and Federal court decisions;
2. State and Federal laws and regulations;
3. Final decisions on grievances;
4. Contracting agency (BOP, ICE, state department of corrections, etc.) policies, procedures, decisions, or matters (i.e., institutional transfers, parole and probation decisions, etc.);

NOTE: Contracting agency policies, procedures, decisions, or matters shall be grieved in accordance with the regulations of the applicable contracting agency.

5. Disciplinary actions (all disciplinary action must be addressed in accordance with disciplinary procedures in place at the facility);
6. Property issues (all property issues must be addressed in accordance with property procedures in place at the facility); and

7. Classification status (all classification status must be addressed in accordance with classification procedures in place at the facility).

**AT THIS FACILITY, ADDITIONAL CONTRACTUAL INFORMATION REGARDING NON-GRIEVABLE MATTERS IS:**

NONE

**H. EXCESSIVE FILING OF GRIEVANCES**

If it is determined by the Warden/Administrator that an inmate/resident is deliberately abusing the grievance system through excessive filing of grievances and/or repeated refusal to follow procedures, the Warden/Administrator may suspend the filing of additional grievances until all pending grievances have been resolved. The Warden/Administrator will provide the inmate/resident with written documentation of the suspension.

**AT THIS FACILITY, ADDITIONAL CONTRACTUAL PROCEDURES REGARDING EXCESSIVE FILING OF GRIEVANCES ARE:**

NONE

**I. GRIEVANCE EXTENSIONS**

In certain instances it may be necessary to extend response deadlines to allow for a more complete investigation of the claim(s). Justification for the extension must be provided to the inmate/resident on the 14-SC Grievance Extension Notice. The time extension will be determined by the Warden/Administrator and will not exceed fifteen (15) calendar days.

**J. GRIEVANCE OFFICER**

The Warden/Administrator will designate an individual(s) as Grievance Officer(s) who will coordinate the grievance process to include:

1. Reviewing all formal grievances received to ensure all necessary information is included;
   
   **NOTE:** Grievances that are prematurely appealed to the Warden/Administrator or designee will be returned without review.

2. Ensuring informal resolution has been attempted (excluding emergency grievances);

3. Assigning a number to all formal grievances;

4. Logging all grievances received;

5. Forwarding formal grievances to the appropriate department head for response;

6. Coordinating the timely investigation and response of formal grievances;

7. Ensuring that, when a grievance decision specifies that an action is to be taken, a date is included for completing the action;

8. Ensuring the inmate/resident receives a copy of the completed grievance and ensuring that the inmate/resident’s signature is acquired at the time a response is provided;

9. Ensuring all remedies/required actions are fulfilled by the imposed deadline; and
10. Maintaining all grievance records and documents as outlined in 14-5.4.R.

AT THIS FACILITY, THE POSITION DESIGNATED AS THE GRIEVANCE OFFICER IS:

GRIEVANCE COORDINATOR

K. INFORMAL RESOLUTIONS

With the exception of emergency grievances, inmates/residents are required to utilize the informal resolution process concerning questions, disputes, or complaints prior to the submission of a formal grievance. If an inmate/resident is not satisfied with the results of the informal resolution process, the inmate/resident may file a formal grievance.

1. Filing
   a. The 14-5A Informal Resolution form must be utilized to initiate the informal resolution process.
   b. All 14-5A's related to medical care and treatment must be submitted to qualified health services staff through facility mail.
   c. With the exception of grievances related to medical care and treatment, inmates/residents are required to submit 14-5A's through facility mail, or in person, to the appropriate unit staff. In the absence of unit management, the Warden/Administrator will designate a staff member to receive informal resolution forms.

   AT THIS FACILITY INFORMAL RESOLUTION FORMS WILL BE SUBMITTED TO:

   THE GRIEVANCE COORDINATOR

   NOTE: Only qualified health services staff are authorized to provide responses to any questions, disputes, or complaints regarding medical care and treatment.

2. Resolution

   The staff member assigned to complete the informal resolution process will be responsible for:
   a. Conducting an initial meeting with the inmate/resident to discuss the issue;
   b. Meeting with all staff members involved with the issue;
   c. Researching necessary information to determine if a remedy is possible;
   d. Developing a response to present to the inmate/resident in an attempt to resolve the issue informally;
   e. Ensuring the inmate/resident receives a copy of the completed 14-5A at the time the response is provided; and
   f. Ensuring any remedies agreed upon are completed.

3. Time Guidelines

   The total time for the informal resolution process will be no more than fifteen (15) calendar days from the date the 14-5A was submitted through the date the response was presented to the inmate/resident, unless unusual circumstances are present.
the event unusual circumstances (e.g., inability to contact a critical staff member for the investigation process, facility on lock down status, etc.) prohibit the ability to meet time guidelines, the assigned staff member will provide the inmate/resident with written documentation extending the response deadline.

a. The inmate/resident must submit the 14-5A within seven (7) calendar days of the alleged incident.
b. The time for filing begins from the date the problem or incident became known to the inmate/resident.
c. In the event the inmate/resident is not satisfied with the response, the inmate/resident will have five (5) calendar days to submit a formal grievance to the Grievance Officer. In the event the inmate/resident pursues a formal grievance, the inmate/resident will be required to attach a copy of the 14-5A to the formal grievance form.

4. Documentation

The original 14-5A will be maintained by the facility with a copy presented to the inmate/resident at the time the response was presented.

AT THIS FACILITY, ORIGINAL 14-5A FORMS WILL BE MAINTAINED IN THE FOLLOWING LOCATION(S):

GRIEVANCE OFFICE

L. EMERGENCY GRIEVANCES

If the subject matter of the grievance is such that compliance with the regular time guidelines would subject the inmate/resident to risk of personal injury, the inmate/resident may request that the grievance be considered an emergency grievance. The emergency grievance must detail the basis for requiring an immediate response. When the grievance is of an emergency nature, utilization of the informal resolution process is not required.

1. Filing

a. The 14-5B Inmate/Resident Grievance form must be utilized to file an emergency grievance. The inmate/resident will complete Page 1 of the 14-5B and place it in a sealed envelope marked "Emergency Grievance". Sealed envelopes may be placed in the grievance mail box. If a grievance mail box is not used, the emergency grievance will be forwarded to the Grievance Officer.

AT THIS FACILITY, THE PROCEDURE FOR FORWARDING THE GRIEVANCE TO THE GRIEVANCE OFFICER IS:

GRIEVANCES WILL BE PLACED IN THE GRIEVANCE BOX LOCATED ON EACH HOUSING UNIT

b. The Grievance Officer will check the grievance mail boxes daily, excluding weekends and holidays. If a grievance mail box is not used, grievances are to be forwarded daily, excluding weekends and holidays, to the Grievance Officer in accordance with the procedures listed above.

c. In the event it is necessary to file the emergency grievance on weekends or holidays, the sealed envelope will be given to the Shift Supervisor. The Shift
Supervisor will ensure the Administrative Duty Officer is notified upon receipt of the emergency grievance.

2. Resolution
   a. Emergency grievances received through the grievance mail box or alternative means, as identified above, will be reviewed by the Grievance Officer to determine if the grievance is of an emergency nature. If the grievance is determined to be of an emergency nature, the Grievance Officer will assign a number to the emergency grievance, document the grievance on the 14-5D Facility Grievance Log or via the current approved FSC/CCA electronic database, and immediately forward to an individual authorized to serve as Administrative Duty Officer below the rank of Warden/Administrator for a response.

   b. Emergency grievances received on weekends and holidays will be reviewed by an individual authorized to serve as Administrative Duty Officer below the rank of Warden/Administrator to determine if the grievance is of an emergency nature and will respond accordingly.

   c. The response must be documented on Page 2 of the 14-5B and submitted to the inmate/resident for signature at the time of presenting the response in person. The inmate/resident will receive a complete copy of the emergency grievance and any corresponding attachments at the time of presenting the response.

3. Time Guidelines
   An individual authorized to serve as Administrative Duty Officer (below the rank of Warden/Administrator) shall take action to resolve the grievance within one (1) calendar day of receipt of the grievance and provide a written response to the inmate/resident.

4. Documentation
   The individual authorized to respond to the emergency grievance will ensure that the Grievance Officer receives a copy of the emergency grievance and corresponding attachments to ensure that the emergency grievance is appropriately logged and filed.

M. FORMAL GRIEVANCES

1. Filing
   a. The inmate/resident must file the grievance within five (5) calendar days of the response date listed on the 14-5A Informal Resolution form.

   b. The 14-5B Inmate/Resident Grievance form must be utilized to file a formal grievance. The inmate/resident will complete Page 1 of the 14-5B and place it in a sealed envelope marked "Grievance". Sealed envelopes may be placed in the grievance mail box. If a grievance mail box is not used, the formal grievance will be forwarded to the Grievance Officer.

   AT THIS FACILITY, THE PROCEDURE FOR FORWARDING THE GRIEVANCE TO THE GRIEVANCE OFFICER IS:

   GRIEVANCES WILL BE PLACED IN THE GRIEVANCE BOX LOCATED ON EACH HOUSING UNIT
c. The Grievance Officer will check the grievance mail boxes daily, excluding weekends and holidays. If a grievance mailbox is not used, grievances are to be forwarded daily, excluding weekends and holidays, to the Grievance Officer in accordance with the procedures listed above.

2. Resolution

a. Formal grievances received through the grievance mailbox or alternative means as identified above will be reviewed by the Grievance Officer to ensure the formal grievance is correctly submitted and required documentation attached.

b. The Grievance Officer will assign a number to the formal grievance, document the grievance on the 14-5D Facility Grievance Log or via the current approved FSC/CCA electronic database and forward the formal grievance to the appropriate staff member for a response.

c. Formal grievance resolution should be determined by the appropriate department head in relation to the formal grievance unless the grievance pertain to the department head, in which case a different department head will be designated. For example, grievances related to medical care and treatment would be forwarded to the Health Services Administrator, grievances related to education would be forwarded to the principal, grievances related to classification would be forwarded to unit staff, etc.

d. Each formal grievance will be responded to by including a written explanation for approval/disapproval. The response must be documented on Page 2 of the 14-5B and given to the inmate/resident, in person, for signature. Responses may be given to the inmate/resident, in person, by the responder or the Grievance Officer. The inmate/resident will receive a complete copy of the formal grievance and any corresponding attachments at the time of presenting the response.

3. Time Guidelines

a. Unless a time extension has been granted, the inmate/resident will receive a response to the formal grievance within fifteen (15) calendar days of submission.

b. The total time for the formal grievance process will be no more than fifty (50) days from filing to a final appeal decision, unless unusual circumstances are present.

4. Documentation

The designated department head responding to the formal grievance will ensure that the Grievance Officer receives a copy of the formal grievance response and corresponding attachments to ensure that the formal grievance is appropriately logged and filed.

5. AT THIS FACILITY, ADDITIONAL CONTRACTUAL PROCEDURES ARE:

NONE

N. GRIEVANCES AGAINST CONTRACTING AGENCY
AT THIS FACILITY, PROCEDURES FOR FILING A GRIEVANCE AGAINST THE CONTRACTING AGENCY ARE AS FOLLOWS:

ALL GRIEVANCES AGAINST THE CONTRACTING AGENCY WILL BE FORWARDED TO THE CONTRACT MONITOR OR THE CONTRACTING AGENCY.

O. REMEDIES
The informal resolution process and formal grievance process shall afford the inmate/resident the opportunity for meaningful remedy. Remedies shall cover a broad range of reasonable and effective resolutions. Remedies may include the following:

1. Change of procedures or practices appropriately related to the complaint or conditions;
2. Correction of records; or
3. Other remedies, as appropriate.

P. APPEAL PROCESS
1. Filing
   If an inmate/resident is not satisfied with the decision of a formal or emergency grievance, the inmate/resident may complete the appeal section of the 14·5B and resubmit the grievance. Inmates/residents are entitled to appeal all adverse decisions, even those made on a purely procedural basis including but not limited to the expiration of a time limit. The inmate/resident must file the appeal within five (5) calendar days of the response date listed on the 14·5B Inmate/Resident Grievance form.

2. Resolution
   a. The Grievance Officer will forward all grievance appeals to the Warden/Administrator for review and a final response.
   b. Each appeal will be responded to by including a written explanation for approval/disapproval. The response must be documented on Page 2 of the 14·5B and given to the inmate/resident, in person, for signature. Responses may be given to the inmate/resident, in person, by the Warden/Administrator or the Grievance Officer. The inmate/resident will receive a complete copy of the appeal response and any corresponding attachments at the time of presenting the response.
   c. The Warden/Administrator's decision is final unless otherwise specified in the facility management contract.

3. Time Guidelines
   Barring extraordinary circumstances, a grievance will be considered settled if the decision at any step is not appealed by the inmate/resident within the given time limit.
   a. Emergency Grievances
      The inmate/resident will receive a response to the appeal within seven (7) calendar days of submission.
   b. Formal Grievances
      The inmate/resident will receive a response to the appeal within fifteen (15) calendar days of submission.
4. Documentation

If the response is presented to the Inmate/resident by the Warden/Administrator, the Warden/Administrator will ensure that the Grievance Officer receives a copy of the appeal response and corresponding attachments to ensure the appeal is appropriately logged and maintained on file.

5. AT THIS FACILITY, ADDITIONAL CONTRACTUAL APPEAL PROCEDURES ARE AS FOLLOWS:

**IF THE INMATE IS NOT SATISFIED WITH THE WARDEN'S RESPONSE, THE INMATE MAY APPEAL TO THE CONTRACT MONITOR WITHIN FIVE (5) DAYS OF RECEIPT OF THE WARDEN'S DECISION.**

**IF THE INMATE IS NOT SATISFIED WITH THE CONTRACT MONITOR'S RESPONSE, THE INMATE MAY APPEAL TO THE DIRECTOR OF THE DC DEPARTMENT OF CORRECTIONS WITHIN FIVE (5) DAYS OF RECEIPT OF THE CONTRACT MONITOR'S DECISION.**

ALL APPEALS MUST HAVE THE ORIGINAL GRIEVANCE AND RESPONSE ATTACHED WHEN FILED.

Q. TRANSFERS/RELEASES

If a grievance is submitted for review and the inmate/resident is transferred or released from custody, efforts to resolve the grievance will normally continue. It is the inmate/resident's responsibility to notify the Grievance Officer of the pending transfer or release and to provide a forwarding address and any other pertinent information.

R. RECORDS

1. All grievances will be systematically maintained by the Grievance Officer. All grievances (formal and emergency) and corresponding attachments will indicate the assigned grievance number and be date stamped upon receipt.

2. The Grievance Officer will maintain a log of all grievances received utilizing the 14-50 Facility Grievance Log or via the current approved FSC/CCA electronic database. The log shall include the following information:
   a. Grievance number;
   b. Date received;
   c. Inmate/resident name;
   d. Inmate/resident number;
   e. Informal attempt;
   f. Grievance category;
   g. Disposition date;
   h. Disposition code;
   i. Date appeal received, if applicable;
   j. Appeal disposition date; if applicable; and
   k. Appeal disposition code, if applicable.
3. All grievance documentation will be maintained in accordance with CCA Policy 1-15, Retention of Records.

4. Copies of grievances shall not be placed in an Inmate/resident's file, unless it is a contractual requirement to do so.

AT THIS FACILITY, CONTRACTUAL REQUIREMENTS REGARDING LOCATION OF GRIEVANCE COPIES ARE:

A COPY OF THE GRIEVANCE LOG WILL BE FORWARDED TO THE CONTRACT MONITOR BY THE 5TH OF EACH MONTH.

5. Records regarding the participation of an Individual in the informal resolution process or grievance procedure will not be available to other Inmates/residents.

6. With the exception of employees involved in the grievance process or clerical processing, records regarding the participation of an Individual in the informal resolution process or grievance procedures will not be available for review.

7. Employees participating in the disposition of an informal resolution process or grievance procedure shall have access to the essential records necessary to respond appropriately.

S. REPORTING

The 14-5E Grievance Report will be completed by the fifteenth day of each month and forwarded to the FSC Quality Assurance Department, unless a current approved FSC/CCA electronic database has been established.

T. AT THIS FACILITY, ADDITIONAL CONTRACTUAL PROCEDURES ARE:

NONE

14-5.5 REVIEW:

This policy will be reviewed by the Chief Corrections Officer or designee on an annual basis.

14-5.6 APPLICABILITY:

All CCA Facilities (Provided contractual requirements do not mandate otherwise)

14-5.7 APPENDICES:

None

14-5.8 ATTACHMENTS:

14-5A Informal Resolution
14-5B Inmate/Resident Grievance
14-5C Grievance Extension Notice
14-5D Facility Grievance Log
14-5E Quarterly Grievance Report

AT THIS FACILITY, ADDITIONAL FORM REQUIREMENTS ARE:
14-5.9 REFERENCES:
CCA Policy 1-15
CCA Policy 4-2
CCA Policy 15-1
CCA Policy 15-2
CCA Policy 14-6
CCA Policy 18-1
ACA Standards:
4-4284/4-ALDF-3E-11/3-JTS-3D-09
4-4394
4-4446/4-ALDF-5B-18
4-4492/4-ALDF-5B-09/3-JTS-5H-04
INFORMAL RESOLUTION

To be completed by inmate/resident.

Date: ____________________________

Name (Print): __________________________

Last Name ____________________________ First Name ____________________________ Middle Initial ____________________________

Number: ____________________________ HOUSING ASSIGNMENT: ____________________________

Description of issue, problem, and solution you suggest:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Attach additional pages, if necessary.

FOR STAFF USE ONLY

Date received from inmate/resident: ____________________________

Name of staff member completing informal resolution process: ____________________________

Date response due to inmate/resident: ____________________________

Date and time initial meeting held with the inmate/resident: ____________________________

Additional information received from initial meeting:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Names of staff members involved with the inmate/resident's issue:

________________________________________________________________________________________

________________________________________________________________________________________

Distribution:

Original: Facility
Copy: Inmate/Resident
Dates and times of contact with staff members concerning the inmate/resident's issue:

Additional information received from meetings with staff members:

Tentative completion date if remedy suggested: 

By signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, the inmate/resident is not required to sign below and may choose to file a formal grievance with the Facility Grievance Officer. In either case, the inmate/resident will receive a copy of this form on the day the final resolution process is completed.

Inmate Signature: _______________________________ Date: ______________

Designated Staff Signature: ___________________________ Date: ______________

*Witness Signature: ________________________________ Date: ______________

*In the event the inmate/resident refuses to sign this form, a witness signature must be obtained to verify that the inmate/resident was offered the opportunity for informal resolution.

Informal Resolution Outcome: ☐ RESOLVED ☐ UNRESOLVED

Distribution:
Original: Facility
Copy: Inmate/Resident
**INMATE/RESIDENT GRIEVANCE**

**FULL NAME:**

**NUMBER:**

**HOUSING ASSIGNMENT:**

**INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)?**  □ YES   □ NO

**GRIEVANCE CATEGORY (CIRCLE ONE):**

1. Facility Staff  
2. Access to Legal Materials  
3. Denied Access to Inmate Resolution/Grievance  
4. Retaliation for Using Informal Resolution/Grievance  
5. Safety/Security  
6. Medical Services  
7. Sanitation  
8. Dental Services  
9. Mental Health Services  
10. Trust Account  
11. Commissary  
12. Food Service  
13. Mail  
14. Intake  
15. Housing  
16. Laundry  
17. Recreation  
18. Visitation  
19. Programs-education, work, religious, etc.  
20. Violations of federal or state regulations, laws, court decisions (i.e., ADA or Constitutional rights)  
21. Other

**STATE GRIEVANCE:** (Include documentation, witnesses, date of incident, any other information pertaining to the grievance subject. Attach additional pages if necessary.)

**REQUESTED ACTION:** (Attach additional pages if necessary)

Inmate/Resident's Signature: ___________________________ Date Submitted: ____________

**RESPONDING STAFF MEMBER'S REPORT:** (Attach additional pages if necessary. All pages must include the grievance number.)

**RESPONDING STAFF MEMBER'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Responding Staff Member's Printed Name: ___________________________ Title: ___________________________

Responding Staff Member's Signature: ___________________________ Date: ____________

Inmate/Resident's Signature (upon receipt): ___________________________ Date: ____________

**INMATE/RESIDENT APPEAL** (Attach additional pages if necessary. All pages must include the grievance number.)

**WARDEN/ADMINISTRATOR'S DECISION:** (Attach additional pages if necessary. All pages must include the grievance number.)

Warden/Administrator's Signature: ___________________________ Date: ____________

Inmate/Resident's Signature (upon receipt): ___________________________ Date: ____________