request for an appeal of a Disciplinary Disposition or to file a grievance.

RM: 1

NUMBER ________

RHODE ISLAND DEPARTMENT OF CORRECTIONS
REQUEST FOR RESOLUTION OF GRIEVANCE

INSTRUCTIONS
Type or use ballpoint pen. If more space is needed, use attachment sheet in quadruplicate

TO: ________ Associate Director of Institution
    ________ Warden

FROM: ____________________________
     Last Name, First, Middle Initial I. D. #Institution

PART A - INMATE REQUEST

_______ Date ________ Signature of Requestor

Date Received: ________ __________________________ Signature, Grievance Coordinator

PART B - RESPONSE

Date Received ________ Signature - Associate Director Warden

_______ Date ________ Associate Director - Warden

GRIEVANCE PROCEDURE
INVESTIGATOR'S REPORT

INSTRUCTIONS:
This form is provided to facilitate your investigation of the Grievance you have been assigned. As stated in the policy, your job is to determine the validity of the grievance in light of facts, discrepancies, disparities in dispositions and/or other pertinent information. Specifically, you will review files and memoranda, interview any witnesses or other persons who may be able to reveal relative information. In cases where a specific department is referred to in the complaint always interview the department head involved and include his/her comments. Finally, you will make conclusions based on your findings and prepare a draft response which will be submitted to the person to which the grievance is directed for his review. The time limit for response is five (5) working days, exclusive of weekends and holidays.

1. Date of Grievance: ____________________________

2. Date of Incident: ______________________________

3. Does the grievance pertain to a complaint against a specific staff member? _________ If so, you will notify a Union Representative immediately for his/her assistance in the investigation.

4. Witnesses and/or other parties who can provide information:
   a) Name: ________________________________
   His/Her comments relative to the complaint: ________________________________________

   b) Name: ________________________________
   His/Her comments relative to the complaint: ________________________________________

   c) Name: ________________________________
   His/Her comments relative to the complaint: ________________________________________

[ ] Associate Director RHODE ISLAND DEPARTMENT OF CORRECTIONS
[ ] Warden
[ ] Assistant Director GRIEVANCE PROCEDURE
[ ] Director

MONTHLY LOG

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Month Year