



PO Box 8707  
Pine Bluff, AR 71611-8707  
Phone: 870-267-6200  
Fax: 870-267-6244  
www.adc.arkansas.gov

## ADMINISTRATIVE DIRECTIVE

**SUBJECT:** Inmate Grievance Procedure

**NUMBER:** 12-16

**SUPERSEDES:** 10-32

**APPLICABILITY:** All employees and inmates

**PAGE 1 of 29**

**REFERENCE:** AR 835 - Grievance Procedure for Offenders

**APPROVED:** Original signed by Ray Hobbs

**EFFECTIVE DATE 05/28/2012**

---

### I. POLICY:

It is the policy of the Arkansas Department of Correction to provide inmates in its custody an administrative mechanism for the resolution of complaints, problems and other issues.

### II. EXPLANATION:

A grievance procedure is an administrative means for the expression and resolution of inmate problems and complaints. The mechanism is designed to solve the problem at the lowest level, as immediately as feasible, and in a manner that is fair, reasonable and consistent with the Department of Correction's mission.

The administrative mechanism for the resolution of complaints and identification of problem areas is intended to supplement but not replace daily or routine communication between staff and inmates.

### III. DEFINITIONS:

- A. Informal Resolution – the first step involving a written complaint (Unit Level Grievance Form, Attachment I) by an inmate that is intended to allow staff the opportunity to resolve an issue on an informal basis; and to serve as a prerequisite

to the second step, a formal grievance. (Note: Inmates alleging sexual assault, physical abuse, or sexual misconduct/harassment by staff are not required to complete step one, but should file a formal grievance (step two) directly to the Warden. Also note that an inmate cannot grieve on behalf of another inmate.

- B. Grievance – the second (formal) step where a written complaint using the same form used for the Informal Resolution (Unit Level Grievance Form, Attachment I) is submitted by an inmate on the inmate’s own behalf (an inmate cannot grieve on behalf of another inmate) regarding:
1. A policy applicable within his or her unit/center of assignment that personally affects the inmate;
  2. A condition in the facility that personally affects the inmate;
  3. An action involving an inmate(s) of his or her facility that personally affects the inmate;
  4. An action of an employee(s), contractor(s), or volunteer(s) at his or her facility that personally affects the inmate; or
  5. An incident occurring within his or her facility that personally affects the inmate.
- C. Warden – the Warden or Center Supervisor of the facility or designee.
- D. Appeal – a written request to a Chief Deputy/Deputy/Assistant Director for further action to resolve the issue or complaint in the grievance based upon the inmate’s belief that the issue has not been resolved at the Unit level. (The appeal cannot raise new or additional issues or complaints.)
- E. Working Days – Monday through Friday, excluding state observed holidays.
- F. Emergency – a problem, that if not immediately addressed, subjects the inmate to a substantial risk of personal injury or other serious and irreparable harm such as sexual assault, physical abuse, sexual misconduct or sexual harassment. Emergency grievances may be submitted without the completion of step one, the informal process; however, if the grievance is found to not involve a substantial risk of personal injury or serious and irreparable harm, it will be returned to the problem solver and processed under Step One.
- G. Non-Grievable Issues – the following matters are not grievable:
1. Parole;
  2. Release;
  3. Transfer;

4. Job Assignments unless in conflict with medical restrictions;
5. Disciplinary;
6. Anticipated events (i.e., events or activities which may or may not occur in the future);
7. Matters beyond the control of the Department of Correction, including issues controlled by State or Federal law or regulation;

Note: Claims of Retaliation, even if related to an issue referenced above, are grievable.

- H. Remedies available do not include disciplinary action against employees, contractors, or volunteers, nor monetary damages. The policy violation/incident/action alleged in the grievance shall be investigated as a result of the particular grievance if not previously grieved or otherwise prohibited under this grievance policy.
- I. Problem-Solving Staff – staff designated at each facility to serve as a contact for resolution of a problem or complaint, and specifically, to resolve step one issues raised in this process. A list of these individuals will be posted in each housing unit. If the problem solver(s) is not available, any staff member of the rank of sergeant or above can collect step one grievances (also referred to as “informals”) and shall then act as the problem solver for that step one grievance.
- J. Medical Department – Health Services Administrator (HSA) or designee.
- K. Mental Health Supervisor – the Department of Correction employee supervising the mental health staff and programs at the unit level.

#### IV. PROCEDURES:

The inmate grievance procedure is an internal administrative means for the resolution of complaints and the identification of potentially problematic management areas; however, it does not replace daily and routine communication between inmates and staff. Prior to filing a formal grievance, inmates must first attempt to resolve the complaint informally by taking Step One under this policy.

One form (Attachment I) will be used for both Step One (informal resolution), and for Step Two (formal grievance). This same form will be used to submit all inmate grievance issues, including emergencies.

##### A. Adoption of Procedure

When adopting changes to this procedure, that affect the inmate grievance process, proposed changes shall be posted in prominent locations (to include employee and inmate bulletin boards) throughout the institution at least 30 days prior to the adoption of the procedure/changes. All comments shall be considered

prior to adoption of the changes and shall be kept as part of the appropriate policy file documentation. Inmates in isolation units will be provided a copy by the Grievance Officer at least 30 days prior to the adoption of the procedure/changes.

B. Communication of Procedure

1. Written notification of the Inmate Grievance Procedure will be distributed to both inmates and employees. In addition, arriving inmates and new employees will have an opportunity to ask questions about the procedure and have them answered verbally.
2. If an inmate has a disability affecting communication or is not fluent in the English language, interpretive or explanatory services will be made available.
3. All employees at the facility level shall receive training by designated staff in the skills necessary to assist or participate in the inmate grievance procedure.

C. Accessibility

All inmates shall be entitled to utilize this procedure regardless of their security status, custody level, job classification, disciplinary status or any administrative/ judicial decisions affecting the inmate.

1. Copies of this policy shall be available for examination in each Unit's Law Library.
2. The Attachment I grievance form shall be readily available to any inmate in any housing area at any time; however, no more than five (5) forms per week, except in the case of an emergency as defined in this policy, may be requested by an individual inmate, see J(1)(a). Additionally, inmates may not have more than ten (10) blank Attachment I grievance forms in their possession at any one time, and no more than twenty (20) unsubmitted (not signed by a problem solver) Attachment I grievance forms in their possession at any one time.
3. Inmates may request one copy of their grievance from the facility grievance staff upon presenting a completed Section 1983 lawsuit or Claims Commission claim. The inmate also needs to give the grievance number for the particular grievance he/she is requesting.
4. Grievances must specifically name each individual involved for a proper investigation and response to be completed by ADC. Inmates must fully exhaust the grievance prior to filing a lawsuit. Inmates who fail to name all parties during the grievance process may have their lawsuit or claim

dismissed by the court or commission for failure to exhaust against all parties.

D. Completion of Forms

1. Inmates who have difficulty understanding how to complete the grievance forms or actually completing the forms should request and be provided assistance from staff. However, there is no prohibition against an inmate seeking assistance from another inmate IF the grievant has language barriers or cannot read or write.
2. Only one Unit Level Grievance Form (Attachment I) can be submitted per grievance and only one problem/issue should be stated in the grievance, not multiple problems/issues. An inmate must use a separate form for each issue. Only one issue will be addressed. Additional problems/issues contained in the grievance will not be considered as exhausted. Exhaustion of an issue is required prior to filing a lawsuit under the Prison Litigation Reform Act of 1995 on that issue.
3. If the inmate is legally using a name other than the name under which he or she was committed to the Arkansas Department of Correction, both the legal and commitment names shall be used when completing the forms.
4. All forms should be filled out in black or blue ink. Tape and other adhesive substances should not be used on any grievance forms.
5. If any Grievance Form is received in an unsanitary condition, that form(s) may be photographed and logged and/or held for evidence for appropriate disciplinary action against the inmate. Unsanitary forms will not be processed.

E. Step One: Informal Resolution Procedure

Inmates are required to attempt informal resolution of a problem/complaint prior to filing a grievance.

1. The Unit Level Grievance Form (Attachment I) shall be completed and submitted within 15 days after the occurrence of the incident, with the date beside "Step 1: Informal Resolution" filled in.
2. On the Unit Level Grievance Form (Attachment I), only in the space provided, the inmate should write a brief statement that is specific as to the substance of the issue or complaint to include the date, place, personnel involved or witnesses, and how the policy or incident affected the inmate submitting the form.

Additional sheets, including additional pages of the grievance written on Unit Level Grievance Forms (Attachment I) should not be attached and will be returned to the inmate upon submission or as soon as practical. ONLY THE STATEMENT IN THE SPACE PROVIDED ON ONE ATTACHMENT I WILL BE MAINTAINED AND CONSIDERED THE GRIEVANCE SUBMISSION.

3. The Unit Level Grievance Form (Attachment I) should be presented to one of the individuals whose name is posted in the housing unit as a designated problem-solver. If a problem solver is not available, any staff member holding the rank of sergeant or above can collect step one grievances and shall then act as the problem solver for that step one grievance. At this time the problem-solver or staff member must sign and date the form, giving the inmate back the yellow and pink copies as receipts.
4. After receipt of the informal complaint (Attachment I), the problem-solver will:
  - a. meet with the inmate within three working days to resolve the issue; or
  - b. meet with the inmate immediately to resolve the issue if it is an emergency; or
  - c. refer medical issues to the HSA (examples include, but are not limited to, missed medications, inability to access medical services, failure to be seen at Sick Call or clinic appointments, or failure to receive lab or test results) as soon as practical, but in any event within one working day; or
  - d. refer mental health issues to the Mental Health Supervisor as soon as practical, but in any event within one working day.
5. An emergency situation is one in which the inmate is subjected to a substantial risk of physical harm such as sexual assault, physical abuse, staff sexual misconduct, or staff sexual harassment. It should not be declared for ordinary problems that are not of a serious nature. If the inmate believes the matter to be an emergency, he/she will fill in the date beside "Emergency Grievance" on the Unit Level Grievance Form to designate an emergency, and present the form to any staff, but preferably the designated problem-solving staff. If that staff determines that an emergency situation does exist, corrective action shall be taken as soon as possible and no later than twenty-four (24) hours. If no emergency is determined, the informal resolution form shall be processed within the normal time limits stated within this policy.
6. Upon receipt of a Unit Level Grievance Form submitted under Step One, the HSA, or medical department representative appointed by the HSA, or

the Mental Health Supervisor will take whatever action is deemed clinically appropriate to fully resolve the problem, document the action taken, or state why no action is necessary or appropriate, and the HSA or Mental Health Supervisor or designee will sign the form in the space provided for the staff signature which is found on the same line as the inmate signature following the description of the action taken to resolve the complaint. Please note the staff signature should NOT be in the space provided for the signature of the designated problem-solver.

7. As soon as practical, the HSA, Mental Health Supervisor, or designee will return the Unit Level Grievance Form to the inmate, and provide a copy to the Grievance Officer. NOTE: In no event should this time frame exceed three (3) working days from submission of the Unit Level Grievance Form for Step One by the inmate to the problem-solver. The HSA, Mental Health Supervisor, or designee should not respond to a grievance that is alleging misconduct by that individual against the inmate; however, where the inmate still has another step in the grievance process to challenge the conduct and/or the inmate is alleging indirect misconduct (failure to act) as opposed to direct misconduct, such as physical abuse or retaliation, by the HSA or the Mental Health Supervisor, then the Regional Manager or Mental Health Administrator will respond after the medical or mental health department has appropriately logged the resolution.
8. The HSA or Mental Health Supervisor will retain a copy for their records and for quality improvement purposes.
9. If the problem (those not referred to medical or mental health departments) can be resolved at the informal level, the problem-solver documents the action taken on the Unit Level Grievance Form (Attachment I) and then both the inmate and the problem-solver must sign and date the form.
10. If the problem cannot be resolved at Step One, the informal level, the problem-solver must still document the resolution attempt on Attachment I, and then the inmate and the problem-solver must sign and date the form. At this time, if the inmate chooses, he/she may now proceed to Step Two (the formal grievance) using this same form (Attachment I). See procedures for Step Two below.
11. If the designated problem-solver (or substituted person to resolve the issue such as a medical or mental health staff member) has failed to contact the inmate and attempt resolution of the complaint or failed to return Step One (the grievance) within the designated three working days, the inmate may proceed to Step 2, the formal grievance, without the completion of Step 1. In that instance, Step 2, the formal grievance, must be filed no later than six (6) working days from the submission of the Unit Level Grievance

Form pursuant to Step 1: this allows three (3) working days to wait for a response to Step 1, and three (3) working days to initiate Step 2. (These are not three (3) additional days, i.e., if the problem-solver returns Step One on the day it was submitted, the inmate has only three (3) working days from receipt of that response to file Step Two.) The inmate will submit a copy of his Unit Level Grievance Form using the pink copy he retained following the instructions for Step Two.

12. Whether or not the problem is resolved, the inmate retains the yellow copy, a copy may be retained by the designated problem-solver, and a copy is forwarded to the Grievance Officer for entry into the offender tracking system if necessary.
13. If an inmate has been transferred from the Unit where the incident or issue arose within the fifteen (15) days allowed to file Step One and the inmate submits Step One at a different Unit, if the problem-solver, HSA, or Mental Health Supervisor cannot address the issue, then the response to Step One should be "proceed to Step Two." Upon submission of Step Two, the Grievance Officer will complete the portion of the Unit Level Grievance Form indicating the date received and to whom it was sent and immediately forward the grievance to the Grievance Officer at the unit where the incident or issue arose to process with a grievance number from that Unit. The deadlines will remain the same under this procedure to submit the grievance steps, and to respond with the date of submission to the first Grievance Officer beginning the response time.

F. Step Two, the Formal Grievance Procedure

After attempting to resolve their issue through Step One, informal resolution, an inmate can proceed to Step Two by filing a formal grievance on the *same* Unit Level Grievance Form (Attachment I) that was used for Step One.

1. The inmate should complete the date beside "Step Two: Formal Grievance" and the section regarding resubmission (of this form) as to why the inmate considers the informal resolution unsuccessful, and deposit it into the designated grievance box; or submit it to a Staff Member if the inmate's assignment prevents access to the grievance box. The Grievance Officer shall collect grievance forms daily, excluding weekends and holidays.
2. Additional sheets cannot be attached to the Unit Level Grievance Form and only information in the space provided will be considered part of the grievance submission. New issues cannot be added to the form and will not be considered.



3. Upon receipt, the Grievance Officer shall complete the box "for office use only" on the Unit Level Grievance form by assigning a number to the grievance (using unit and subject codes as described in the Grievance Procedure Codes-Attachment VII), and logging the date the grievance was received, inmate's name, ADC number, type of grievance, and the text of the inmate's complaint contained within the appropriate space on Attachment I in eOMIS.
  - a. All medical issues will be coded 600 by the Unit Grievance Officer. All mental health issues will be coded 630.
  - b. The Medical and Mental Health Departments will assign more specific type codes as indicated on Attachment VII into eOMIS when completing the response to the grievance.
4. The Grievance Officer shall then transmit an Acknowledgement or Rejection of the Unit Level Grievance Form (see Attachment II) to the inmate within five (5) working days after receipt. No acknowledgment is required if a written response to the grievance, signed by the Warden, Health Services Administrator, or Mental Health Supervisor or designees, can be provided within five (5) working days.
5. The Grievance Officer will note whether the grievance is medical or mental health related. If so, these grievances will be forwarded as soon as possible, and in no event later than five (5) days, to the appropriate medical or mental health department for investigation and response to the inmate.
  - a. If the grievance is medical in nature, it is forwarded to the Health Services Administrator (HSA) at the Unit Medical Department for a response. The HSA, or designee, should not respond to a grievance that is alleging misconduct by that individual unless the inmate still has another step in the grievance process to challenge the conduct, or the inmate is alleging indirect misconduct (failure to act); where the inmate is alleging direct misconduct (such as physical abuse or retaliation) by the HSA, then the appropriate Regional Manager will respond after the medical department has appropriately logged the resolution.
  - b. If the grievance relates to mental health services, the supervisor of mental health services for the facility, or designee, will answer the grievance. The Mental Health Supervisor, or designee, should not respond to a grievance that is alleging misconduct by that individual unless the inmate still has another step in the grievance process to challenge the conduct, or the inmate is alleging indirect misconduct (failure to act); where the inmate is alleging direct

misconduct (physical abuse or retaliation) by the Mental Health Supervisor, then the Mental Health Administrator at Central Office will respond after the mental health department has appropriately logged the resolution.

6. The Inmate Grievance Worksheet (see Attachment VIII) may be used by staff when investigating grievances.
7. Every inmate shall receive a written response on either the form entitled Warden/Center Supervisor Decision (Attachment III) to his or her grievance, signed by the Warden or the Warden's designee within 20 working days of receipt (or less if an emergency situation) or the form entitled Health Services Response to Unit Level Grievance (see Attachment IV) if the grievance has been forwarded to the medical or mental health department for a response within this same 20 working days.

The Unit Level Grievance Response/Decision shall include:

- a. the reason for the decision, in clear, well reasoned terms; and
  - b. a statement that the Grievance:
    - has merit and requires further action for resolution; or
    - has merit, but is being resolved; or
    - had merit but has been resolved; or
    - has no merit.
8. If an inmate has not received a response to his/her Unit Level Grievance within the allotted time frame as stated on the Acknowledgement Form and/or the Extension Form, if applicable, the inmate may move to the next level of the process, an appeal to the Chief Deputy/Deputy/Assistant Director's Level within five (5) working days.

The Grievance Extension Form will be used in cases where a longer period of time is required for a response or resolution of the problem. The inmate shall be notified by the responding authority, in writing, of the reason for the delay and its expected length on the Grievance Extension Form (see Attachment X). Time limits for responding will be extended automatically upon the completion of the Grievance Extension Form (Attachment X), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the extension, the inmate understands and agrees that, with that decision, no further action will be taken on the issue, and the grievance will be returned to the inmate without a decision on its merit. By disagreeing with the extension, the inmate waives his or her right to have the grievance issue considered.

G. Steps to Appeal the Unit Level Grievance Decision:

After receiving a response from the Warden, the Health Services Administrator (HSA), the Mental Health Supervisor, or designees, if the inmate is not satisfied, he or she may appeal within five (5) working days to the appropriate Chief Deputy/Deputy/Assistant Director who will attempt to resolve the matter or assign an appropriate staff member to do so.

1. The appeal must be written in the space provided on the original Warden/Center Supervisor's Decision Form (Attachment III), the Health Services Response to Unit Level Grievance Form (Attachment IV) for medical or mental health grievances entitled Inmate's Appeal (see Attachment III and IV), or the Acknowledgement or Rejection of Unit Level Grievance (Attachment II). Only what is written in the space provided for appeal will be considered part of the grievance appeal. Additional sheets should not be attached and will be returned to the inmate upon receipt of the appeal or as soon as practical. **ONLY THE STATEMENT IN THE SPACE PROVIDED WILL BE MAINTAINED AND CONSIDERED PART OF THE APPEAL SUBMISSION.**

2. The inmate must include the original Unit Level Grievance Form (Attachment I), which describes the matter originally grieved, and either the Warden/Center Supervisor Decision Form (Attachment III), the Health Services Response to Unit Level Grievance (Attachment IV), or the Acknowledgement or Rejection of Unit Level Grievance (Attachment II) if the inmate is asserting the grievance was improperly rejected or if the inmate did not receive a response or extension within the timeframe. If these two (2) pages are not submitted with the inmate's appeal portion completed, the appeal may be returned to the inmate as rejected.

To complete the appeal, the inmate must state a reason for disagreeing, and must date, sign, and write the inmate's ADC number on the attachment being appealed.

Do not list additional issues, requests and/or names which were not a part of the original grievance as they will not be addressed.

3. The Chief Deputy/Deputy/Assistant Director may process grievance appeals not meeting the criteria set forth above when necessary for the safety and security of the Department; however, further processing of the appeal where the inmate has failed to complete the required steps is at the sole discretion of the appropriate Chief Deputy/Deputy/Assistant Director.
4. Appeals relating to medical, mental health or treatment program issues are submitted to the Deputy Director for Health and Correctional Programs.

All other grievances will be forwarded to the appropriate Chief Deputy/Deputy/Assistant Director for Institutions.

All Appeals will be answered by the Chief Deputy/Deputy/Assistant Director regardless of whether those individuals are named in the grievance.

5. Receipt of the appeal shall be acknowledged or rejected in writing within five (5) working days to the inmate by the Chief Deputy/Deputy/Assistant Director's Office (see Attachment V) unless a written response can be provided within five (5) working days to the grievance signed by the Chief Deputy/Deputy/Assistant Director.
6. The Chief Deputy/Deputy/Assistant Director will respond in writing to the inmate concerning the decision within thirty (30) working days unless there is an extension or the appeal is rejected and the inmate is notified of the reason for rejection on the Acknowledgment of Grievance Appeal/Rejection of Appeal form (see Attachment V). A written decision or rejection of an appeal at this level is the end of the grievance process.
7. If a grievance appealed is a duplicate of one previously appealed by the inmate with regard to the staff member named, the date of the incident, and the subject of the grievance, the inmate will be sent an Acknowledgment of Grievance Appeal/Rejection on Attachment V, and it will be noted as "Duplicate of \_\_\_\_\_" and the earlier grievance number will be filled in the blank; the duplicate will be returned to the inmate with the Attachment V.
8. The Grievance Extension Form will be used in cases where a longer period of time is required for a response or resolution of the problem. The inmate shall be notified by the responding authority, in writing, of the reason for the delay and its expected length on the Grievance Extension Form (see Attachment X). Time limits for responding will be extended automatically upon completion of the Grievance Extension Form (Attachment X), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the extension, the inmate understands and agrees that, with that decision, no further action will be taken on the issue, and the grievance appeal will be returned to the inmate without a decision on its merit. By disagreeing with the extension, the inmate waives his or her right to have the grievance issue considered or exhausted.
9. The entire grievance procedure should be completed within seventy-six (76) working days unless a valid extension has been executed, or it can be documented that unforeseen circumstances have occurred.

10. Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed at the discretion of the Chief Deputy/Deputy/Assistant Director.

#### H. Remedies

A grievance with merit will be afforded a reasonable range of meaningful remedies.

1. The responsible authority will review the conditions, policies or practices grieved and take appropriate action.
2. When a higher authority than the responding authority must authorize appropriate action, the lower authority shall note its agreement or disagreement with the inmate and transmit the completed grievance form to the higher authority with notice to the inmate.
3. The department is to encourage the resolution of grievances found to have merit involving property losses, confiscations or forfeitures through the return of the property or replacement.
4. Errors in record keeping may be corrected and action by the staff or Classification Committees may be modified as appropriate.
5. **No grievance** should be discussed between employees and/or inmates except as necessary to obtain statements or to resolve the issues.
6. No employee should respond to a grievance that is alleging misconduct by that employee against the inmate unless (a) the inmate still has another step in the grievance process to challenge the conduct, or (b) the inmate's allegation was of indirect misconduct (conduct by omission); where the inmate is alleging direct misconduct (such as physical abuse) by the employee, the employee may not respond to the grievance.

#### I. Allegations of Abuse

Any credible allegations of excessive force, sexual contact, assault or similar physical abuse of an inmate will be forwarded to the Internal Affairs Division for an investigation consistent with Arkansas Department of Correction policies.

#### J. Abuse of the Grievance Procedure

Abuse of the grievance procedure by inmates will be dealt with in the following manner:

1. Excessive Use of the Procedure
  - a. Step One, Informal Resolutions, are limited to five (5) due to excessive submissions causing a delay in processing inmate grievances. The Warden or designee must maintain a record of five (5) submissions each week before rejecting one from that inmate. Only the first five (5) informal grievances, Step One, will require a response. The seven-day period will begin each Saturday and end on Friday. The submissions that exceed the limit will be marked as "No action necessary-exceeds weekly limit," followed by the staff person's name, signature and date verifying that person verified (1) that five (5) submissions under Step One had already been received from the inmate that week, and (2) it was not an emergency, and the form returned to the inmate.
  - b. Inmates are only allowed to submit three formal grievances, Step Two, each seven-day period which begins each Saturday and ends on Friday. Only the first three formal grievances, Step Two, submitted each week by an inmate requires an investigation and response. This limit includes both institutional and medical or mental health grievances. All other formal grievances will be logged and reviewed to determine if an emergency exists. If it is determined to be an emergency situation, action will be taken promptly to resolve the issue; however, a written response to the inmate is not required. If no emergency exists, the grievance will be logged out on the same day received, and it shall be written on the Unit Level Grievance Form "No action necessary-exceeds weekly limit," dated and signed. The original grievance will then be placed in the grievance file and no written response will be given to the inmate.
  - c. If the formal grievance is regarding a health issue, but exceeds the inmate's limit for weekly submission, the grievance officer will note at the top of the grievance form "EXCEEDS WEEKLY LIMIT." The formal grievance will then be forwarded to the medical or mental health department to determine if an emergency exists. If the medical or mental health departments determine the grievance to be an emergency, the Health Services Administrator or Mental Health Supervisor will ensure that prompt action is taken to resolve the issue; however, a written response to the inmate is not required. If neither the medical nor mental health departments determine the grievance to be an emergency, it will be noted at the top of the grievance form, "not an emergency" beside the "EXCEEDS WEEKLY LIMIT" statement, dated and signed by the Health Services Administrator or Mental Health Supervisor and returned to the Grievance Officer for filing.

- d. If a formal grievance is a duplicate of one previously submitted by the inmate with regard to the staff member named, the date of the incident, and the subject of the grievance, the duplicate grievance will be logged into eOMIS, the inmate will be sent a Rejection of Grievance on Attachment II, and note at the top of the grievance form as "Duplicate of \_\_\_\_\_" and the earlier grievance number will be filled in the blank; the duplicate will be returned to the inmate with the Attachment II and counted as one of the inmate's weekly submissions.
  - e. If the duplicate grievance is regarding a health issue, the grievance officer will forward the logged grievance and Rejection of Grievance Attachment II to medical or mental health to determine if a response is necessary or an emergency exists. If necessary, the Health Services Administrator or Mental Health Supervisor will ensure that prompt action is taken to resolve the issue, and if not, the medial or mental health staff will note at the top, "no response necessary on duplicate," date and sign it, and return both the grievance and Rejection of Grievance Attachment II to the inmate.
2. Frivolous and Vexatious (Provoking or Harassing) Use of the Procedure
    - a. Frivolous or vexatious submission at any step will be logged and returned to the inmate with a Rejection form (Attachment II or Attachment V) and counted as one of the inmate's weekly submissions.
    - b. A submission is frivolous when it is clearly insufficient on its face to allege an issue or concern and is readily recognizable as devoid of merit and insufficient for resolution or appeal.
    - c. A submission is vexatious when it merely agitates, provokes, harasses or irritates by petty provocation and is not designed to lead to any practical result, resolution, or appeal.
  3. Use of Indecent or Vulgar Language

Inmates who use the grievance procedure to direct threats, indecent or vulgar language at another person shall be referred to the appropriate disciplinary authorities in accordance with the disciplinary rules and procedures. The submission will be processed if it is not frivolous, vexatious, or duplicative if it otherwise complies with this policy.
  4. Malicious Use of the Procedure

- a. Any inmate who knowingly makes false statements in a submission for the purpose of harming another person may be charged with the appropriate disciplinary offense. The submission will be processed if it is not frivolous, vexatious, or duplicative if it otherwise complies with this policy.
- b. The following procedure is to be followed when it is suspected that an inmate has knowingly made false statements for the purpose of harming another person. The problem-solver will forward the informal grievance to the Grievance Officer; however, no officer, including the problem-solver, shall file an incident report or disciplinary based on the alleged false statements in the informal grievance. The Grievance Officer will make an independent review of the informal grievance to determine if it appears that a disciplinary should be considered against the inmate. If the Grievance Officer concludes there is a sufficiently strong case for proving that the inmate has made objectively false statements about someone, then the Grievance Officer will report those findings to the Deputy/Assistant Warden. The Deputy/Assistant Warden, or designee, may write and submit a disciplinary report for processing or request further investigation by Internal Affairs.

#### K. Reprisals or Retaliation

1. No inmate shall suffer any threat or action based on his or her appropriate use of, or participation in, the grievance procedure. If an inmate believes he/she has been retaliated against for the use of the grievance procedure, he/she must contact the Warden/Center Supervisor or in a case of alleged retaliation by the Warden/Center Supervisor the inmate shall contact the appropriate Chief Deputy/Deputy/Assistant Director. Regardless, the inmate must exhaust their remedies through the grievance process.
2. Under such circumstances as described in section J.3 and 4, the Chief Security Officer or Deputy/Assistant Warden, or designee, will determine if a disciplinary report is warranted. If so, only the Chief Security Officer or Deputy/Assistant Warden, or designee, may write and submit the disciplinary report for processing.
3. Any reprisals or retaliation by staff is absolutely prohibited and will be dealt with in accordance with the appropriate policy regarding employee conduct and discipline. All personnel shall receive written and oral notice that formal and/or informal reprisals will not be tolerated.

The Training Academy has implemented a training program regarding inmate problem resolutions and complaints. The training is mandatory for all staff involved in the inmate grievance process.



4. Once an inmate initiates the grievance process, the process shall be followed through all stages without interference by administrators or employees of the department.

Anytime an inmate voluntarily decides to withdraw a grievance, he or she must submit a Grievance Waiver Form (see Attachment IX). The appropriate staff will verify receipt of the waiver in writing.

5. If reprisal or retaliation is suspected and/or determined after the unit/center investigation, the grievance shall be forwarded to Internal Affairs for further review with all relevant documentation.

#### L. Records

1. Each designated administrator at each level of response shall collect and systematically maintain records regarding the filing and disposition of grievances. These records may be maintained pursuant to the Department's record retention policy in either hard copy or in a retrievable form, as well as in the inmate's electronic record, and shall be available for inspection as required by law.
2. At a minimum, such records shall include aggregate information regarding the numbers, types and disposition of grievances, as well as individual records of the dates and reasons for each disposition at the formal grievance (Step Two) and appeal stages of the procedure and shall be logged in the electronic offender records system. Such records shall be preserved in accordance with the policy regarding records retention.
3. Records regarding the participation of an individual in grievance proceedings shall not be available for review by any inmate(s) other than the grievant.
4. Grievance records, including statements and testimony provided during the process, are confidential and are not available to inmates. Department personnel other than those directly involved in the grievance process may not have access to the information, unless the person's job requires access to such records.
5. Except as otherwise provided by Arkansas law, grievance records will not be available to non-departmental personnel other than those representing the Department of Correction or providing services such as imaging or destruction of records under an agreement with the Department of Correction.

6. No entries concerning grievances, or an inmate's participation in a grievance proceeding through testimony or submission of evidence, shall be recorded in the inmate's paper institutional file.
7. Only those positions authorized by the appropriate Chief Deputy/Deputy/Assistant Director will have access to the Grievance Tracking Program.

M. Evaluation

1. Monthly, quarterly and annual reports may be generated from the tracking system.
2. Records of staff efforts at problem solving may be considered by supervisors evaluating the performance of staff.

N. Prison Litigation Reform Act Notice

Inmates are hereby advised that they must exhaust their administrative remedies as to all defendants at all levels of the grievance procedure before filing a Section 1983 lawsuit and Claims Commission claim. If this is not done, their lawsuits or claims may be dismissed immediately.

Inmates must attach a copy of the Chief Deputy/Deputy/Assistant Director's response to any petition or complaint; otherwise the court or commission may dismiss the case without notice.

Inmates are also advised that they shall be subject to paying filing fees in Federal Court pursuant to the Prison Litigation Reform Act of 1996.

V. **REFERENCES:**

ACA Standards: 4-4127, 4-4284, 4-4394  
Prison Litigation Reform Act of 1995

VI. **ATTACHMENTS:**

Attachment I – Unit Level Grievance (Informal Resolution/Formal Grievance/Emergency Grievance)  
Attachment II – Acknowledgment of Unit Level Grievance  
Attachment III – Warden/Center Supervisor's Decision/Inmate Appeal  
Attachment IV – Health Services Response to Unit Level Grievance  
Attachment V – Acknowledgment of Grievance Appeal/Rejection of Appeal  
Attachment VI – Chief Deputy/Deputy/Assistant Director's Decision  
Attachment VII – Grievance Codes  
Attachment VIII – Inmate Grievance Investigation Worksheet  
Attachment IX – Grievance Waiver  
Attachment X – Grievance Extension

**UNIT LEVEL GRIEVANCE FORM**

**Attachment I**

Unit/Center \_\_\_\_\_

Name \_\_\_\_\_

ADC# \_\_\_\_\_ Brks # \_\_\_\_\_ Job Assignment \_\_\_\_\_

\_\_\_\_\_ (Date) STEP ONE: Informal Resolution

\_\_\_\_\_ (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: \_\_\_\_\_

\_\_\_\_\_ (Date)

**EMERGENCY GRIEVANCE** (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? \_\_\_\_\_ If yes, circle one: *medical or mental*  
**BRIEFLY** state your one complaint/concern and be specific as to the complaint, **date**, place, name of personnel involved and how **you** were affected. (Please Print):

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

**If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.**

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be **Step One** and/or an Emergency Grievance \_\_\_ (Yes or No). This form was forwarded to medical or mental health? (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
PRINT STAFF NAME (PROBLEM SOLVER)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date Received

Describe action taken to resolve complaint, including **dates**: \_\_\_\_\_

\_\_\_\_\_  
Print and Sign Staff Name & Date Returned

\_\_\_\_\_  
Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

**DISTRIBUTION: YELLOW & PINK** – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back to Inmate After Completion of Step One and Step Two.

FOR OFFICE USE ONLY
GRV. # _____
Date Received: _____
GRV. Code #: _____

**ACKNOWLEDGE OR REJECTION OF UNIT LEVEL GRIEVANCE**

To: Inmate \_\_\_\_\_ ADC# \_\_\_\_\_

From: \_\_\_\_\_ Title: \_\_\_\_\_ Grievance # \_\_\_\_\_

Please be advised I have received your Grievance dated \_\_\_\_\_ on \_\_\_\_\_

You should receive communication regarding the Grievance by \_\_\_\_\_ OR

Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.

**CHECK ONE OF THE FOLLOWING**

\_\_\_\_\_ This Grievance will be addressed by the Warden/Center Supervisor or designee.

\_\_\_\_\_ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.

\_\_\_\_\_ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.

\_\_\_\_\_ This Grievance has been determined to be an emergency situation, as you so indicated.

Action Taken: \_\_\_\_\_

\_\_\_\_\_ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a non-emergency.

\_\_\_\_\_ This Grievance was REJECTED because it was either non-grievable ( \_\_\_\_\_ ), untimely, a duplicate of \_\_\_\_\_, or was frivolous or vexatious.

**B. INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC#

\_\_\_\_\_  
Date

INMATE NAME \_\_\_\_\_ ADC# \_\_\_\_\_ GRIEVANCE # \_\_\_\_\_

**WARDEN/CENTER SUPERVISOR'S DECISION**

\_\_\_\_\_  
Signature of Warden/Supervisor or Designee

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

---

**INMATE'S APPEAL**

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues, which are not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

**WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE?**

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC#

\_\_\_\_\_  
Date

Inmate Name: \_\_\_\_\_ ADC# \_\_\_\_\_ Grievance # \_\_\_\_\_  
**HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE**

\_\_\_\_\_  
Signature of Health Services Administrator/Mental Health Supervisor or Designee & Title

\_\_\_\_\_  
Date

**If follow up by Health Services Staff is required, are the details included in the response above?**  
**Yes \_\_\_\_\_ or, No follow up is necessary \_\_\_\_\_**

---

### **INMATE'S APPEAL**

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not a part of your original grievance as new issues will not be addressed. Your appeal statement is limited to what you write in the space provided below.

**WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?**

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
ADC#

\_\_\_\_\_  
Date

**Acknowledgment of Grievance Appeal, or Rejection of Appeal**

TO: Inmate \_\_\_\_\_ ADC # \_\_\_\_\_

FROM: \_\_\_\_\_ TITLE: \_\_\_\_\_

RE: Receipt of Grievance Appeal # \_\_\_\_\_ DATE: \_\_\_\_\_

Please be advised your Appeal dated \_\_\_\_\_ was received in my office on \_\_\_\_\_

You will receive communication from this office regarding this Grievance by \_\_\_\_\_,  
**OR,**

Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances/Administrative Regulation 835 due to one of the following:

\_\_\_\_\_ The time allowed for appeal has expired.

\_\_\_\_\_ The matter is non-grievable and does not involve retaliation.

\_\_\_\_\_ Parole and/or Release matter

\_\_\_\_\_ Transfer

\_\_\_\_\_ Job Assignment (Unrelated to Medical Restriction)

\_\_\_\_\_ Disciplinary matter

\_\_\_\_\_ Matter beyond the Department's control and/or matter of State/Federal law

\_\_\_\_\_ Involves an anticipated event

\_\_\_\_\_ Request disciplinary action against employee, contractor, or volunteer

\_\_\_\_\_ Claim for monetary damage

\_\_\_\_\_ You did not send all the proper Attachments:

\_\_\_\_\_ Unit Level Grievance Form (Attachment I)

\_\_\_\_\_ Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response (Attachment IV for Health Issues Only)

\_\_\_\_\_ Did not give reason for disagreement in space provided for appeal

\_\_\_\_\_ Did not complete Attachment III or IV by signing your name, ADC #, and/or the date

\_\_\_\_\_ Unsanitary form (s) or documents received

\_\_\_\_\_ This Appeal was REJECTED because it was a duplicate of \_\_\_\_\_, or was frivolous or vexatious.

INMATE NAME \_\_\_\_\_ ADC# \_\_\_\_\_ GRIEVANCE # \_\_\_\_\_

**CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Chief Deputy/Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court may dismiss your case without notice. You may also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.



**GRIEVANCE PROCEDURE CODES**

Attachment VII (Page 1)

Each Unit/Center is assigned a unit code as follows:

BC Boot Camp	MC Mississippi County Work Release	PB Pine Bluff Unit
BU Benton Unit	MCP McPherson Unit	TU Tucker Unit
CU Cummins Unit	MX Maximum Security Unit	TX Texarkana Regional Correctional Center
DR Delta Regional Unit	NC North Central Unit	VU Varner Unit – population
EA East Arkansas – population	OR Ouachita River Corr. Unit	VSM Varner Super Max
EAM East Arkansas – Max Sec	SNU Special Needs Unit	WR Wrightsville Unit
GR Grimes Unit	NW Northwest AR Work Release	WHM Wrightsville Hawkins Males
<u>RLW Randall L. Williams Facility</u>		
HA Hawkins Unit		

Which is succeeded by the last two digits of the calendar year, followed by a five digit sequential number beginning with 00001 (i.e., CU-03-00001).

**GRIEVANCE TYPE CODES**

100	Transfer	505	Inmate Property Claims
101	Unit Transfer	506	Clothing – Bedding/Footwear
102	Interstate Compact	507	Activity Rotation
		508	Living Conditions
200	Institutional Assignment	509	Working Conditions
201	Cell Barracks	510	Grooming
202	Job	511	Recreation
203	Classification	512	Searches
204	Enemy Alert List	513	Contraband/Confiscation Forms
205	Protective Custody	514	Alternative Meals
206	Punitive	515	Hunger Strike
207	Administrative Segregation	516	Diet
208	School/Vocation Training		
209	Rehabilitation Programs	600	Medical
210	Counselors	601	Denial of Treatment
211	Investigative Status – DCR	602	Harassment or Abuse
212	48 Hour Relief Privileges	603	Records
		604	Footwear/Orthotics
300	Communication	605	Sick Call – not otherwise specified
301	Visits (non-legal)	606	Vision
302	Telephone	607	Food/Special Diet
303	Radio/Television/Movie		
304	Interview Request	608	Medication/Pill Call – not otherwise specified
305	Unit Policy/ADC Policy		
306	Publication		
307	Mail		
308	Marriage		
400	Disciplinary Matters		
500	Institution Operations	609	Medical Classification
501	Food/Food Services	610	Hearing
502	Commissary	611	Housing conditions (medical reasons)
503	Inmate Funds	612	Chronic Care
504	Sanitation – Showers, etc.	613	Chronic Care not seen
		614	Chronic Care rx's not prescribed

**GRIEVANCE TYPE CODES**

- 615
- 615 Orthopedic
- 616 Sick Call no security escort
- 617 Sick Call not seen timely
- 618 Sick Call referred not seen
- 619 Other
- 620 Dental
- 621 Dental Prosthetics
- 622 Medical Appointments (outside not otherwise specified)
- 623 Surgery
- 630 Mental Health
- 631 Mental Health Appointments
- 632 Mental Health – Medication side effects
- 633 Mental Health – Housing
- 640 Medication not given
- 641 Medication prescribed
- 642 OPM medications
- 643 Medication not ordered
- 644 Medication error
- 645 Medication pharmacy error
- 650 Co-pay
- 651 Lab
- 652 X-ray
- 653 Treatment call
- 654 Informal resolution not answered
- 655 Consults
- 700 Legal
- 701 Access to courts
- 702 Indigent Inmate Supplies
- 703 Law Books/Pages
- 704 Law Library
- 705 Legal Visits with Inmate
- 706 Other Legal Visits

- 708 Retaliation/Harassment – Access to Courts Rights
- 709 Notary Services
- 710 Access to Grievance Forms
- 711 Storage of Legal Materials
- 712 Legal Mail
- 713 No Response to Grievance
- 714 Other Legal Matters
- 715 No Further Action is Necessary (NFAN)
- 716 Freedom of Information Act (FOIA)
- 717 Multiple Issues Grieved
- 718 Welfare
- 719 Copies Made
- 720 Retaliation – other
- 721 Loss of Property
- 800 Complaints Against Staff
- 801 Physical Abuse
- 802 Verbal Abuse
- 803 Other Complaints Against Staff
- 900 Other
- 901 Good Time
- 902 Furlough
- 903 Other Complaints Against Inmates/Cellmate
- 904 Time Computation
- 905 Hobby Craft
- 906 Religion
- 907 Parole Matters
- 908 Discrimination (Race, Religion, Sex, etc).
- 909 Name Change
- 910 Urine Testing
- 911 Work Release
- 912 Maintenance
- 913 Grieving for Another Inmate
- 914 Detainer Removed

**Attachment VII (Page 2)**

707 Retaliation/Harassment – Use of the Grievance Process

**Attachment VIII**

The below listed inmate has filed a grievance/appeal with this office. Please give a detailed statement in regards to the issue(s) stated by the inmate in this grievance. The statement, "I have no knowledge," is not acceptable. Also, please submit any supporting documentation with your response, (i.e., disciplinary, 005's, logs, medical information, other officer and/or inmate statements, etc.).

**EMPLOYEE:** \_\_\_\_\_ **UNIT:** \_\_\_\_\_

RE: INMATE: \_\_\_\_\_ ADC# \_\_\_\_\_

FROM: \_\_\_\_\_ DUE DATE: \_\_\_\_\_

GRIEVANCE #: \_\_\_\_\_ DATE & TIME OF INCIDENT \_\_\_\_\_

Inmate's Complaint:

---

---

---

---

---

---

---

---

**EMPLOYEE STATEMENT BELOW**

STATEMENT: \_\_\_\_\_

---

---

---

---

---

---

---

---

\_\_\_\_\_  
Responding Staff Signature

\_\_\_\_\_  
Date

You are not to retaliate against this inmate in any shape, form or fashion for submitting this grievance. If you are found to have retaliated against any inmate for using the grievance procedure, you will be subject to disciplinary action, which may be a verbal warning, a written warning, and/or termination.

# GRIEVANCE WAIVER

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_ SUBJECT: \_\_\_\_\_

I, \_\_\_\_\_, ADC# \_\_\_\_\_, do hereby agree that grievance number \_\_\_\_\_, dated \_\_\_\_\_, has been resolved/and/or, I no longer want to pursue this matter. This decision is voluntary and made without threats or coercion of any type.

\_\_\_\_\_  
Inmate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

### GRIEVANCE EXTENSION

TO: Inmate \_\_\_\_\_ ADC# \_\_\_\_\_

FROM: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_ GRIEVANCE # \_\_\_\_\_

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YOU WILL RECEIVE COMMUNICATION FROM THIS OFFICE BY: \_\_\_\_\_

This extension is automatic unless you specifically disagree; if you agree to the extension then no action is required on your part. If you DO NOT agree to an extension, check DISAGREE, complete the signature line and return the original to this office. If you do not agree, you understand that, with your decision, NO FURTHER ACTION will be taken on this issue, you WILL NOT have exhausted your administrative remedies, and your grievance will be returned to you without a decision regarding its merit.

\_\_\_\_\_ **DISAGREE**      **By disagreeing with this extension, I waive my right to have this grievance issue considered.**

\_\_\_\_\_ **Inmate Signature**      ADC# \_\_\_\_\_      DATE: \_\_\_\_\_

\_\_\_\_\_ **Warden/Center Supervisor Signature**      DATE: \_\_\_\_\_

\_\_\_\_\_ **Chief Deputy/Deputy/Assistant Director/Director Signature**      DATE: \_\_\_\_\_