Commonwealth of Massachusetts Department of Correction

MCI-CONCORD PROCEDURAL STATEMENT In accordance with 103 CMR 491 - INMATE GRIEVANCES

- <u>FURPOSE</u>: The purpose of this procedural statement is to afford inmates a process of filing informal complaints and grievances with the Superintendent on issues concerning; Housing, Programs, Clothing, Mail, Laundry, Staff, Visits, Food, Telephones, Religious Services or other problems, in accordance with 103 CMR 491 - Inmate Grievances.
- <u>CANCELLATION</u>: This procedural statement cancels all previous MCI-Concord procedural statements, bulletins, directives, orders, notices, rules or regulations regarding 103 CMR 491 Inmate Grievances.

PUBLIC ACCESS: Yes

APPLICABILITY: Staff/Inmates

INTERNAL REVIEWING AUTHORITY: Superintendent

ACA STANDARDS: 4-4284

Your signature indicates your approval of this procedural statement, including any attachments.

Approved:

Date:

Date:

Michael A. Thompson, Superintendent

Approved:

Luis S. Spencer, Commissioner

June 2013

ALL DESCRIPTION OF THE

MCI-CONCORD PROCEDURAL STATEMENT In accordance with 103 CMR 491 - INMATE GRIEVANCES

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TAXABLE A

A. INFORMAL COMPLAINTS

 While inmates are encouraged to pursue informal measures prior to filing a grievance, they shall not be required to do so. Informal complaints may be addressed by filing an "Informal Complaint Form" to the Informal Complaint Coordinator who will log, track and forward the complaint to the appropriate department head for response.

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- Inmates can obtain "Informal Complaint Forms" (refer to Attachments "A1" & "A2") from their housing unit officer or in the Inmate Library.
- The form must be completed in detail, to include the inmate's name, commitment number, housing unit, date, and a brief explanation regarding the nature of the complaint.
- Inmates may also address their concerns or complaints with the appropriate Department Head during Staff Access and also during the weekly rounds by the Institutional Management Staff.
- Staff Access schedule Is : Monday and Thursday J-Building and L-Dorms Housing Units Tuesday and Friday - Mods A & B, C-Building and E-Building Housing Units
- 6. Inmates housed in the SMU or HSU can express their informal complaints to staff or Management Staff during normal rounds. Inmates can also forward Informal Complaint forms via the locked portable Grievance mailbox. The Institutional Grievance Coordinator will forward the informal complaint to the Informal Complaint Coordinator on the day it is received.

B. FORMAL GRIEVANCES

- Inmate Grievance Forms (refer to Attachments "A3" & "A4") are readily available from their housing unit officer or in the Inmate Library. Inmate grievance forms may also be requested through the Institutional Grievance Coordinator.
- The form must be completed in detail, to include the inmate's name, commitment number, housing unit, date, and a brief explanation regarding the nature of the grievance.
- If an inmate has an issue or problem filling out the form he may access the Institution Grievance Coordinator during Staff Access.
- 4. If an inmate has a language barrier issue then he may request to utilize the Telephonic Interpreter Service.
- 5. Inmates mail the form to the Institutional Grievance Coordinator via the locked Grievance mailbox. The Grievance mailbox is located on the wall outside the Dining Hall. The Institutional Grievance Coordinator will pick up all grievances in the box each working day.
- 6. All SMU Inmates will forward their grievances through the locked portable mailbox. The Mailroom officer will carry the box from cell to cell each day. All mail addressed to the Institutional Grievance Coordinator will be forwarded via the IGC's mailbox. The IGC will ensure their mailbox is emptied each working day.
- The Inmate may file a formal grievance without first filing an informal complaint. If a formal grievance is filed it will be forwarded to the IGC and processed through the IMS System.
- The Grievance Coordinator would then conduct formal Grievance proceedings as outlined in 103 CMR 491-Inmate Grievances.
- The Inmate may withdraw his grievance at any time. All grievance withdrawals must be documented on the appropriate Withdrawal Form.
- The Institutional Grievance Coordinator shall consult with the Superintendent or the Superintendent's designee on all emergency grievances.

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C. APPEALS

1. Inmates may obtain Appeal Forms in their Housing Unit or the Inmate Library.

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2. The processing of Inmate Grievance Appeals shall be handled in accordance with 103 CMR 491, Inmate Grievances.

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| | COMMONWEALTH O DEPARTMENT O INFORMAL COM | FCORRECTION | Attachment A | |
|--|--|---|--|--------------------|
| Inmate Name Institution | Commitment #_ Housing Unit | Incide | nt Date | - |
| CHECK OFF AREA OF CONCERN (on | e issue per form allow | ed) | | |
| HOUSING ASSIGNMENT/STATUS | LAUNDRY | PROGRAMS | MAIL | FOOD |
| CLOTHING/LINEN EXCHANGE | RELIGION | PROPERTY | VISITS | |
| LEGAL EXCHANGE LIB | RARY | PHONE | OTHER: | |
| | | | | |
| List any previous steps you have taken to r | resolve your concern | | 4 | |
| | | f more space is needed) | | |
| | (Use other side of page i | | | |
| Inmate Signature Note: If you follow instructions in prepar replied to within ten (10) business days fro | (Use other side of page i ring your request, it can om the date of receipt. | Da | ite ly. Your complaint w | A |
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COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION FORMULARIO DE QUEJA INFORMAL

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Attachment A2

| | FORMULARIO DE QUEJA INFORMAL |
|------------------------------------|---|
| Nombre del Preso Institución | Sentenciado # Fecha Incidente Unidad de Alojamiento |
| MARQUE AREA DE PREOCUPACION | (un asunto permitido por formulario) |
| UNIDAD DE ALOJAMIENTO/ES | STATUS LAVANDERIA PROGRAMAS CORREO |
| ROPA/CAMBIO DE ROPA DE CAI | MARELIGIONPROPIEDADVISITAS |
| INTERCAMBIO LEGAL | BIBLIOTECA TELEFONO OTRO |
| Declare completamente, pero breven | nente, el asunto único de preocupación y la resolución que pide |
| (U: | se el otro lado de la pagina si requiere más espacio) |
| | preparar su pedido, puede ser tratado mas fácilmente. Su queja será revisada y respondida la fecha de recepción. |
| NO ESCRIBA DEB | AJO DE ESTA LINEA (Reservado para Respuesta del Personal) |
| Recibida Por | Fecha Recibida |
| | DECISION |
| Queja: Tiene mérito Tiene | e algún mérito No tiene mérito N/A |
| Resolución: Otorgada Parcialmente | e Otorgada Negada Solución Alternativa Ofrecida N/A |
| Comentarios | |
| Decisión Por | Fecha |

Attachment A3

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| INMATE'S NAME: | ATE GRIEVANCE FORM | |
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| | INMATE'S #; | DATE: |
| INSTITUTION: | DAT | E OF INCIDENT: |
| INSTRUCTIONS: Refer to 103 CMR 491, Inmate Grieva In Block B, give a brief and understan List any actions you may have taken to of staff members you have contacted. Provide a Requested Remedy in Bloc When filing an Emergency Grievance classical statements | idable summary of your complai o resolve this matter in Block C. k D. | nt/issue. Be sure to include the identity |
| A. When ming an Emergency Grievance C | EMERGENCY | |
| C. List any action taken to address/resolve contacted. | this matter. Include the identity | of staff members you have |
| D. Provide your Requested Remedy. | | 9 |
| Inmate's | | |
| Signature | Di | ate: |

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Attachment A4

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| NOMBRE DEL PRESO: | | DE PRESO | hanaitte |
|---|---|--------------------------------------|---------------------|
| tombre dee i nedo. | PRESO #: | | FECHA: |
| NSTITUCION: | | FECHA DEL INCI | DENTE: |
| Contraction de la contraction | | - | |
| NSTRUCCIONES: Refiérase a 103 CMR 491, Políticas de En el Bloque B, dé un breve y compre Liste cualquier acción que usted ha to a identidad del miembro del personal Provea el remedio que usted solicita e | ensible resumen de su que omado para resolver esta m que usted ha contactado. en Bloque D. | | Asegúrese de inclu |
| Cuando presente una Queja de Er | nergencia seleccione Eme | ergencia. | |
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| de los miembros del personal que uste | | resolver esta materia. | Incluya la identida |
| le los miembros del personal que uste D. Provea el Remedio Solicitado. Firma del preso Personal que lo | | Fecha: | Incluya la identida |
| C. Liste cualquiera acción que usted de los miembros del personal que uste D. Provea el Remedio Solicitado. Firma del preso Personal que lo recibe | | | Incluya la identida |
| de los miembros del personal que uste D. Provea el Remedio Solicitado. Firma del preso Personal que lo recibe | ed ha contactado. | Fecha: | |
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| e los miembros del personal que usta D. Provea el Remedio Solicitado. Firma del preso Personal que lo recibe **QUEJAS NEGADAS PUEDEN SE 10 LABORALES. | R APELADAS A LA AUT | Fecha: Fecha: ORIDAD QUE LA RE | VISA DENTRO E |
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Attachment A4

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GRIEVANCE WITHDRAWAL FORM

| | request to withdraw grievance/grievance appeal |
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| # | based upon the following reason(s) (check off line applicable below): |
| 1. | The grievance issue I raised in a formal grievance has been resolved since the grievance was filed. |
| 2. | The appropriate Department staff has been contacted and the necessary action needed to resolve and rectify this matter to my satisfaction has been taken. |
| 3. | I have thought about this matter and I have determined that this is not the appropriate process to address my concern or the issue. |
| 4. | Other: |
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| I have taken | |
| I have taken there been a | this action freely. I am not under any form of duress or coercion, nor has |
| I have taken there been a withdrawal, | this action freely. I am not under any form of duress or coercion, nor has my expressed or implied threats of retaliation if I do not seek this |

Witness:

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__Date:_

cc. File