

Commonwealth of Massachusetts  
Department of Correction

**MCI-CONCORD PROCEDURAL STATEMENT**

In accordance with  
**103 CMR 491 - INMATE GRIEVANCES**

**PURPOSE:** 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.

**CANCELLATION:** 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: \_\_\_\_\_  
Michael A. Thompson, Superintendent

Approved: \_\_\_\_\_ Date: \_\_\_\_\_  
Luis S. Spencer, Commissioner

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

## Table of Contents

A.	Informal Inmate Complaints	3
B.	Formal Grievances	3
C.	Appeals	4

Attachment "A1" - Inmate Complaint Form (English)

Attachment "A2" - Inmate Complaint Form (Spanish)

Attachment "A3" - Inmate Grievance Form (English)

Attachment "A4" - Inmate Grievance Form (Spanish)

Attachment "A5" - Withdrawal Form

#### **A. INFORMAL COMPLAINTS**

1. 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.
2. Inmates can obtain "Informal Complaint Forms" (refer to Attachments "A1" & "A2") from their housing unit officer or in the Inmate Library.
3. 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.
4. 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.
5. 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**

1. 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.
2. 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.
3. 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.
7. 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.
8. The Grievance Coordinator would then conduct formal Grievance proceedings as outlined in 103 CMR 491- Inmate Grievances.
9. The Inmate may withdraw his grievance at any time. All grievance withdrawals must be documented on the appropriate Withdrawal Form.
10. The Institutional Grievance Coordinator shall consult with the Superintendent or the Superintendent's designee on all emergency grievances.

C. **APPEALS**

1. Inmates may obtain Appeal Forms in their Housing Unit or the Inmate Library.
2. The processing of Inmate Grievance Appeals shall be handled in accordance with **103 CMR 491, Inmate Grievances.**



COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
FORMULARIO DE QUEJA INFORMAL

Nombre del Preso \_\_\_\_\_ Sentenciado # \_\_\_\_\_ Fecha Incidente \_\_\_\_\_  
Institución \_\_\_\_\_ Unidad de Alojamiento \_\_\_\_\_

MARQUE AREA DE PREOCUPACION (un asunto permitido por formulario)

UNIDAD DE ALOJAMIENTO/ESTATUS     LAVANDERIA     PROGRAMAS     CORREO      
 COMIDA  
 ROPA/CAMBIO DE ROPA DE CAMA     RELIGION     PROPIEDAD     VISITAS  
 INTERCAMBIO LEGAL     BIBLIOTECA     TELEFONO     OTRO

Declare completamente, pero brevemente, el asunto único de preocupación y la resolución que pide

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

Liste cualquier paso anterior que usted ha tomado para resolver su preocupación

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use el otro lado de la pagina si requiere más espacio)

Firma del Preso \_\_\_\_\_ Fecha \_\_\_\_\_

*Nota: si usted sigue las instrucciones en preparar su pedido, puede ser tratado mas fácilmente. Su queja será revisada y respondida dentro de los diez (10) días laborales de la fecha de recepción.*

**NO ESCRIBA DEBAJO DE ESTA LINEA (Reservado para Respuesta del Personal)**

Recibida Por \_\_\_\_\_ Fecha Recibida \_\_\_\_\_

**DECISION**

Queja: Tiene mérito \_\_\_\_\_ Tiene algún mérito \_\_\_\_\_ No tiene mérito \_\_\_\_\_ N/A \_\_\_\_\_

Resolución: Otorgada \_\_\_\_\_ Parcialmente Otorgada \_\_\_\_\_ Negada \_\_\_\_\_ Solución Alternativa Ofrecida \_\_\_\_\_ N/A \_\_\_\_\_

Comentarios \_\_\_\_\_

Decisión Por \_\_\_\_\_ Fecha \_\_\_\_\_

**COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
INMATE GRIEVANCE FORM**

<b>INMATE'S NAME:</b>	<b>INMATE'S #:</b>	<b>DATE:</b>
<b>INSTITUTION:</b>		<b>DATE OF INCIDENT:</b>
<b>INSTRUCTIONS:</b> 1. Refer to 103 CMR 491, Inmate Grievance Policy. 2. In <b>Block B</b> , give a brief and understandable summary of your complaint/issue. 3. List any actions you may have taken to resolve this matter in <b>Block C</b> . Be sure to include the identity of staff members you have contacted. 4. Provide a Requested Remedy in <b>Block D</b> .		
<b>A. When filing an Emergency Grievance check Emergency.</b>  <div style="text-align: center;">_____ <b>EMERGENCY</b></div>		
<b>B. Give a brief and understandable summary of your complaint/issue. Additional paper may be used, if necessary.</b>          		
<b>C. List any action taken to address/resolve this matter. Include the identity of staff members you have contacted.</b>          		
<b>D. Provide your Requested Remedy.</b>          		

Inmate's  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Staff  
Recipient \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*DENIED GRIEVANCES MAY BE APPEALED TO THE REVIEWING AUTHORITY WITHIN 10 BUSINESS DAYS.**

**(Inmate receipts/responses will be generated via the Inmate Management System.)**





**GRIEVANCE WITHDRAWAL FORM**

I \_\_\_\_\_ request to withdraw grievance/grievance appeal

# \_\_\_\_\_ 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 this action freely. I am not under any form of duress or coercion, nor has there been any expressed or implied threats of retaliation if I do not seek this withdrawal. I also understand that my withdrawal is considered a termination of the grievance/grievance appeal process.

Inmate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

cc. File