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

June 2013
MCI-CONCORD PROCEDURAL STATEMENT
In accordance with
103 CMR 491 - INMATE GRIEVANCES

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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
INFORMAL COMPLAINT FORM

Inmate Name ___________________________ Commitment # ___________ Incident Date ___________
Institution ___________________________ Housing Unit ___________________________

CHECK OFF AREA OF CONCERN (one issue per form allowed)

___ HOUSING ASSIGNMENT/STATUS ___ LAUNDRY ___ PROGRAMS ___ MAIL ___ FOOD
___ CLOTHING/LINEN EXCHANGE ___ RELIGION ___ PROPERTY ___ VISITS
___ LEGAL EXCHANGE ___ LIBRARY ___ PHONE ___ OTHER: ___________________________

State completely, but briefly, the single issue of concern and your requested resolution

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

List any previous steps you have taken to resolve your concern

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

(Use other side of page if more space is needed)

Inmate Signature ___________________________ Date ___________________________

Note: If you follow instructions in preparing your request, it can be addressed more readily. Your complaint will be reviewed and replied to within ten (10) business days from the date of receipt.

DO NOT WRITE BELOW THIS LINE (Reserved for Staff Response)

Received By ___________________________ Date Received ___________________________

DEcision

Complaint: Has merit ___ Has some merit ___ Has no merit ___ N/A ___
Resolution: Granted ___ Partially Granted ___ Denied ___ Alternate Resolution Offered ___ N/A ___
Comments ________________________________________________________________

Decision By ___________________________ Date ___________________________

June 2013
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

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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 más 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: ____________

June 2013
# INMATE GRIEVANCE FORM

**INMATE'S NAME:**

**INMATE'S #:**

**DATE:**

**INSTITUTION:**

**DATE OF INCIDENT:**

**INSTRUCTIONS:**

1. Refer to 103 CMR 491, Inmate Grievance Policy.
2. In Block B, give a brief and understandable summary of your complaint/issue.
3. List any actions you may have taken to resolve this matter in Block C. Be sure to include the identity of staff members you have contacted.
4. Provide a Requested Remedy in Block D.

## A. When filing an Emergency Grievance check Emergency.

**EMERGENCY**

## B. Give a brief and understandable summary of your complaint/issue. Additional paper may be used, if necessary.

## C. List any action taken to address/resolve this matter. Include the identity of staff members you have contacted.

## D. Provide your Requested Remedy.

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.)

June 2013
<table>
<thead>
<tr>
<th><strong>INSTRUCCIONES:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refiérase a 103 CMR 491, Políticas de Queja de Preso.</td>
</tr>
<tr>
<td>En el Bloque B, dé un breve y comprensible resumen de su queja / asunto.</td>
</tr>
<tr>
<td>Liste cualquier acción que usted ha tomado para resolver esta materia en Bloque C. Asegúrese de incluir la identidad del miembro del personal que usted ha contactado.</td>
</tr>
<tr>
<td>Provea el remedio que usted solicita en Bloque D.</td>
</tr>
</tbody>
</table>

**A. Cuando presente una Queja de Emergencia seleccione Emergencia.**

**B. Dé una breve y comprensible resumen de su queja / asunto. Si es necesario, use papel adicional.**

**C. Liste cualquier acción que usted ha tomado para exponer / resolver esta materia. Incluya la identidad de los miembros del personal que usted ha contactado.**

**D. Provea el Remedio Solicitado.**

Firma del preso ____________________ Fecha: __________

Personal que lo recibe ____________________ Fecha: __________

**QUEJAS NEGADAS PUEDEN SER APELADAS A LA AUTORIDAD QUE LA REVISA DENTRO DE LOS 10 LABORALES.**

(Recibos/respuestas al preso serán generadas a través del Sistema de Administración de Presos [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:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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