Purpose: To establish specific written guidelines to aid in the implementation of the 103 CMR 491, Inmate Grievances.

Access: All employees. All Inmates

Review: Annually.

Joseph M. Murphy
Joseph M. Murphy, Superintendent
November 26, 2013
Date

Luis Spencer
Reviewing Authority
December 16, 2013
Date
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2. Formal Processing of Inmate Grievances
3. Appeals
4. Record Keeping and Distribution
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6. Settlements
7. Inmate Notification of Policy

ATTACHMENTS
A. Informal Complaint Form (Eng.)
   Informal Complaint Form (Spanish)
B. Grievance Form (Eng.)
   Grievance Form (Spanish)
C. Grievance / Appeal Extension Request
D. Inmate Grievance Appeal Form (English)
   Inmate Grievance Appeal Form (Spanish)
E. Resolution Agreement Form
F. Grievance Withdrawal Form

1. INFORMAL PROCESSING OF INMATE COMPLAINTS

A. Informal complaints may be addressed by utilizing the Informal Complaint Form (Attachment A) available in the Multi Purpose Day Room and/or from the CPO II.

B. The complaints shall be deposited into the locked, wooden drop box located in the Multi-Purpose Day Room.

C. The informal complaint shall be forwarded from the Institutional Grievance Coordinator (IGC) to the responsible supervisory staff person, the CPO II, within one business day.

2. FORMAL PROCESSING OF INMATE GRIEVANCES

A. Inmates can obtain a Grievance Form (Attachment B) from any DOC Staff Person, from the Multi-Purpose Day Room, or from the Institutional Grievance Coordinator. The grievance may be deposited in the locked box located in the Multi-Purpose Day Room or filed directly with the Superintendent, Deputy Superintendent, or Institution Grievance Coordinator.

B. Extensions for filing a grievance may be permitted if the Institutional Grievance Coordinator or Superintendent determines that the initial period is insufficient to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension. In this case a Grievance / Appeal Extension Request Form (Attachment C) must be completed. The inmate and the IGC shall both sign this form and it will become part of the permanent grievance record.

3. APPEALS

A. Inmates may obtain an Inmate Grievance Appeal Form (Attachment D) from any DOC staff member, the IGC, or in the Multi Purpose Day Room. All appeals shall be forwarded to the Superintendent.

B. The Superintendents Office shall enter the grievance appeal into IMS and print out the
appeal. The inmate shall receive a receipt of the Grievance Appeal from the Superintendents Office.

4. RECORD KEEPING AND DISTRIBUTION

A. The IGC shall be responsible for maintaining original hand written and typed copies of all inmate grievances /appeals and for the forwarding of copies of appropriate grievances to the Department Grievance Manager. The filing of these materials shall be done directly by the IGC upon proper completion of said grievances in the locked file cabinet marked "Grievances" in the Resource Room located on the twelfth floor of LSH. Filing is not to be delegated to any other staff member and is the sole responsibility of the IGC.

B. The Superintendent's office shall be responsible for entering all Grievance Appeals into IMS. All grievances shall be tracked from the date received to the final disposition (including appeals), using IMS.

The IGC shall be responsible for entering detailed investigative comments for each grievance filed. The IGC shall be responsible for a thorough report regarding all aspects of the complaint to include, but not be limited to the following:

- Dates of each interview
- Dates information was obtained
- Interview results with grievant and appropriate staff
- Efforts to resolve grievance / complaint
- Recommendations of grievance disposition

C. The IGC is responsible for submitting the monthly report to the Superintendent for signature. Once signed, the IGC will forward the monthly report to the Department Grievance Manager no later than the 5th day of each month for the proceeding month.

D. The IGC shall be responsible for maintaining institutional grievances for a period of seven (7) years.

5. ABUSE OF THE GRIEVANCE PROCESS

The Superintendent will notify the Department Grievance Manager, in writing, when an inmate's right to file a grievance(s) has been suspended.

6. SETTLEMENTS

The IGC shall ensure that the Resolution Agreement Form (Attachment E) is completed, approved, and signed off on by the Superintendent. All settlement information shall be recorded into the IMS investigative comments.

8. INMATE NOTIFICATION OF POLICY

An inmate may request a copy of the Grievance Policy through the Correctional Program Officer II acting in lieu of an Institutional Librarian.
# INFORMAL COMPLAINT FORM

**Department of Correction**

**Inmate Name** __________ **Commitment #** __________ **Incident Date** __________

**Institution** __________ **Housing Unit** __________

<table>
<thead>
<tr>
<th>CHECK OFF AREA OF CONCERN (one issue per form allowed)</th>
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<tbody>
<tr>
<td>___ HOUSING ASSIGNMENT/STATUS</td>
</tr>
<tr>
<td>___ FOOD</td>
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<tr>
<td>___ CLOTHING/LINEN EXCHANGE</td>
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**State completely, but briefly, the single issue of concern and your requested resolution**

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

**List any previous steps you have taken to resolve your concern**

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

**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** __________

**Inmate Signature** __________ **Date** __________

**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** __________
DEPARTMENT OF CORRECTION
FORMULARIO DE QUEJA INFORMAL

<table>
<thead>
<tr>
<th>Nombre del Preso</th>
<th>Sentenciado #</th>
<th>Fecha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidente</td>
<td>Institución</td>
<td>Unidad de Alojamiento</td>
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MARQUE AREA DE PREOCUPACIÓN (un asunto permitido por formulario)

- [ ] UNIDAD DE ALOJAMIENTO/ESTATUS
- [ ] LAVANDERIA
- [ ] PROGRAMAS
- [ ] CORREO
- [ ] COMIDA
- [ ] ROPEAR/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 página 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 LÍNEA (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 ________________________
### INMATE'S NAME: Commonweal of Massachusetts Department of Correction

**INMATE GRIEVANCE FORM**

<table>
<thead>
<tr>
<th>INMATE'S NAME:</th>
<th>INMATE'S #:</th>
<th>DATE:</th>
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**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 select 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.)

**COMMONWEALTH OF MASSACHUSETTS**
DEPARTAMENTO DE CORRECCION
FORMULARIO DE QUEJA DE PRESO

<table>
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<tr>
<th>NOMBRE DEL PRESO:</th>
<th>PRESO #:</th>
<th>FECHA:</th>
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<table>
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<tr>
<th>INSTITUCION:</th>
<th>FECHA DEL INCIDENTE:</th>
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**INSTRUCCIONES:**
Refiérase a 103 CMR 491, Políticas de Queja de Preso.
En el Bloque B, dé un breve y comprensible resumen de su queja / asunto.
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.
Provea el remedio que usted solicita en Bloque D.

A. Cuando presente una Queja de Emergencia seleccione Emergencia y un tipo de queja adicional.

**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.

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<th>Firma del preso</th>
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<th>Personal que lo recibe</th>
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**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] )
The Commonwealth of Massachusetts
Department of Corrections

GRIEVANCE/APPEAL EXTENSION REQUEST

INMATE NAME & NUMBER: __________________________

NAME OF CURRENT INSTITUTION: __________________________
HOUSING UNIT: __________________________

BRIEF REASON FOR EXTENT: __________________________

AMOUNT OF TIME REQUESTED: __________________________

SIGNATURE OF INMATE: __________________________ DATE: __________________________

(Do not write below this line)

RECEIPT BY INSTITUTIONAL GRIEVANCE COORDINATOR

IGC SIGNATURE: __________________________ DATE RECEIVED: __________________________

GRIEVANCE NUMBER: __________________________

☐ EXTENSION APPROVED ☐ EXTENSION DENIED

REASON: __________________________

IGC SIGNATURE: __________________________ DATE: __________________________
INMATE'S NAME: [Name]

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE APPEAL FORM

INMATE'S #: [Inmate's #]

INSTITUTION: [Institution]

ASSIGNED GRIEVANCE #: [Assigned Grievance #]

DATE: [Date]

INSTRUCTIONS:
5. Refer to 103 CMR 491, Inmate Grievance Policy.
6. Provide your appeal argument in Block A, in a brief and understandable manner.
7. Provide your requested remedy in Block B.

A. Provide your appeal argument in a brief and understandable manner.

B. Provide your requested remedy

Inmate's Signature ____________________ Date: ____________________

Staff
Recipient ____________________ Date: ____________________

(Inmate receipts/responses will be generated via the Inmate Management System.)
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<th>QUEJA ASIGNADA #:</th>
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**INSTRUCCIONES:**

Refléjese a 103 CMR 491, Política de Queja de Preso.

Provea su argumento de apelación en el Bloque A, de una manera breve y comprensible.

Provea el remedio que usted solicita en el Bloque B.

Provea su argumento de apelación de una manera breve y comprensible.

Provea el remedio que usted solicita.

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<th>Fecha:</th>
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Resolution Agreement

Check to indicate the type of complaint this resolution pertains to:

( ) Informal Complaint
Complaint Date: ____________________________

( ) Inmate Grievance
Grievance Number: ________________________

Please indicate the type of resolution being offered:

( ) Monetary
( ) Property
( ) Both (Monetary and Property)

I, ________________________________, an inmate of the Massachusetts Department of Correction agree to resolve the indicated complaint as I am satisfied with the resolution as follows:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Furthermore, I release the Department of Correction and its employees of all liability arising out of this complaint.

Inmate Signature: ____________________________ Date: ____________________________

Witness: ____________________________ Date: ____________________________

INSTITUTION OR DEPARTMENT GRIEVANCE MANAGER APPROVAL

I have reviewed the facts of this resolution agreement and find this agreement to be appropriate.

______________________________ Date: ____________________________
Superintendent or Department Grievance Manger
I __________________________ request to withdraw grievance/grievance appeal

# _______ based upon the following reason(s) (check off line applicable below):

1. ______________________ 

2. ______________________ 

3. ______________________ 

4. ______________________ 

The grievance issue I raised in a formal grievance has been resolved since the grievance was filed.

The appropriate Department staff has been contacted and the necessary action needed to resolve and rectify this matter to my satisfaction has been taken.

I have thought about this matter and I have determined that this is not the appropriate process to address my concern or the issue.

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: ____________