PURPOSE: To establish rules and procedures governing the filing and resolution of grievances by inmates.

APPLICABILITY: STAFF/INMATES

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ATTACHMENTS

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</tr>
<tr>
<td>D</td>
<td>Inmate Grievance Form (Spanish)</td>
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I. 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" the day of incident or within five (5) working days of becoming aware of the incident whichever is later.

2. Inmates can obtain "Inmate Complaint Forms" (refer to Attachments A and B) 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 shall address the informal complaint to the "Informal Grievance Coordinator" and deposit them via institutional mail or the locked drop box designated for grievances.

5. 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:

   Management /Staff Access schedule:

   General Population - Monday, Wednesday and Friday

   Minimum Units – Tuesday

   Sampson Unit – Thursday

6. Inmates housed in the SMU or HSU can express their informal complaints to staff or management during normal rounds.

II. FORMAL GRIEVANCES

1. Inmates can obtain "Inmate Grievance Forms" (refer to Attachments C and D) from their housing unit officer or in the Inmate Library.

2. The Grievance form shall be completed within ten (10) working days from the incident or ten (10) working days of becoming aware of the situation 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 grievance form, he may access the unit CPO or 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 from general population, SHU and Medium units may submit their grievances via institutional mail or via the locked grievance drop box. All SMU inmates shall forward their grievances through the locked portable mailbox. An officer will carry the box from cell to cell each day.

III. Pickup and Location of the Grievance Drop Boxes

1. General Population and the Sampson Unit (SHU) have access to a locked grievance drop box in the program corridor at the top of the ramp in front of the Health Services unit and the mailbox is located outside the inmate dining hall open daily at the noon meal Monday through Saturday excluding holidays. Grievances may also hand delivered to the IGC when available.

2. Minimum Unit inmates have access to a locked grievance drop box located in the entrance hallway of the Minimum A/B housing units. Grievances may also hand delivered to the Deputy Superintendent when available.

3. The Institutional Grievance Coordinator shall pick up grievances, informal complaints from the grievance drop box outside the Health Services Unit daily, Monday through Friday excluding weekends and holidays.

4. The Deputy Superintendent assigned to the minimum Unit shall be responsible to check the grievance drop box and submit grievances from the minimum unit to the Institutional Grievance Coordinator daily, Monday through Friday excluding weekends and holidays. During the absence of the Minimum Deputy Superintendent the Institutional Grievance Coordinator shall be responsible to report to the minimum unit to check the grievance box.

5. All mail addressed to the Institutional Grievance Coordinator or Informal Grievance Coordinator shall be forwarded to the appropriate coordinator.

IV. 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 Grievance.

Superintendent

Reviewing Authority

Date

Date
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
- PROGRMS
- 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 ______________
**FORMULARIO DE QUEJA INFORMAL**

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

<table>
<thead>
<tr>
<th>COMIDA</th>
<th>PROGRAMAS</th>
<th>CORREO</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNIDAD DE ALQUIMIO/ESTATUS</td>
<td>LAVANDERIA</td>
<td></td>
</tr>
<tr>
<td>ROPA/CAMBIO DE ROPA DE CAMA</td>
<td>RELIGION</td>
<td>PROPIEDAD</td>
</tr>
<tr>
<td>INTERCAMBIO LEGAL</td>
<td>BIBLIOTECA</td>
<td>TELEFONO</td>
</tr>
<tr>
<td></td>
<td>OTRO</td>
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</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Firma del Preso</th>
<th>Fecha</th>
</tr>
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<tbody>
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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.

**DECISION**

<table>
<thead>
<tr>
<th>Queja: Tiene mérito</th>
<th>Tiene algún mérito</th>
<th>No tiene mérito</th>
<th>N/A</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Resolución: Otorgada</th>
<th>Parcialmente Otorgada</th>
<th>Negada</th>
<th>Solución Alternativa Ofrecida</th>
<th>N/A</th>
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COMMONWEALTH 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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<table>
<thead>
<tr>
<th>INSTITUTION:</th>
<th>DATE OF INCIDENT:</th>
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</table>

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.)
**FORMULARIO DE QUEJA DE PRESO**

<table>
<thead>
<tr>
<th>NOMBRE DEL PRESO:</th>
<th>PRESO #:</th>
<th>FECHA:</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>INSTITUCION:</th>
<th>FECHA DEL INCIDENTE:</th>
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**INSTRUCCIONES:**
Refiérase a 103 CMR 491, Políticas de Queja de Preso.

**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 resolver esta materia en Bloque C. Asegúrese de incluir la identidad del miembro 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 REVIJA DENTRO DE LOS 10 LABORALES.**

(Recibos/respuestas al preso serán generadas a través del Sistema de Administración de Presos [Inmate Management System])