I. Informal Resolution (103 CMR 491.07)

A. Inmates at Pondville Correctional Center are encouraged to communicate their issues informally to staff verbally or in writing via the informal complaint form (Attachment I).

B. An inmate may file a written informal complaint by following the standard operating procedures for Informal Complaint Resolution. Informal written complaints shall be processed in the following manner:

1. The Informal Complaint process shall be overseen by the Superintendent’s Administrative Assistant I. Informal Complaint forms (Attachment I) are available in the inmate library and outside of the first floor Classification Office.

2. Completed informal complaint forms shall be placed in the locked grievance box located outside of the first floor classification office.

3. The institution grievance coordinator (IGC) shall forward informal complaint forms submitted via the locked drop box to the Administrative Assistant I each business day.

4. The Administrative Assistant I shall be responsible for submitting the Informal Complaint Resolution Report (Attachment III) to the Office of Administrative Resolution on a monthly basis.

II. Initiating a Grievance (491.10)

A. The processing of inmate grievances shall be in accordance with 103 CMR 491 - Inmate Grievances.

B. Location of Grievance Forms and drop boxes

1. Inmate Grievance forms are located in the inmate library and outside of the first floor Classification Office. Completed grievance forms should be placed in the locked drop box outside the Classification office.
**COMMONWEALTH OF MASSACHUSETTS**  
**DEPARTMENT OF CORRECTION**  
**INFORMAL COMPLAINT FORM**

**Inmate Name** ____________  
**Commitment #** ____________  
**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.*

**ONCE COMPLETED, PLACE IN THE INSTITUTION GREIVANCE BOX**  
**LOCATED OUTSIDE OF THE FIRST FLOOR CLASSIFICATION OFFICE.**  

**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** ____________
<table>
<thead>
<tr>
<th>Inmate Name</th>
<th>Commitment Number</th>
<th>Date</th>
<th>Incident Date</th>
<th>Housing Unit</th>
<th>Concern</th>
<th>Referred To</th>
<th>Due Date</th>
<th>Complaint Decision</th>
<th>Resolution Decision</th>
</tr>
</thead>
</table>

Complaint Decisions = HM (Has Merit) HSM (Has Some Merit) HNM (Has no Merit) N/A (Not Applicable)
Resolution Decisions = G (Granted) PG (Partially Granted) D (Denied) ARO (Alternate Remedy Offered) N/A (Not Applicable)
Informal Complaint Resolution Report

Month ______________

Institution ______________

A. Total Complaints received during the Month ______________

B. Areas of Concern:
(Note: The total in section B. should equal the total in section A.)

<table>
<thead>
<tr>
<th>Area</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Assignment/Status</td>
<td></td>
</tr>
<tr>
<td>Clothing/Linen Exchange</td>
<td></td>
</tr>
<tr>
<td>Legal Exchange</td>
<td></td>
</tr>
<tr>
<td>Laundry</td>
<td></td>
</tr>
<tr>
<td>Religion</td>
<td></td>
</tr>
<tr>
<td>Library</td>
<td></td>
</tr>
<tr>
<td>Programs</td>
<td></td>
</tr>
<tr>
<td>Property</td>
<td></td>
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<tr>
<td>Phone</td>
<td></td>
</tr>
<tr>
<td>Mail</td>
<td></td>
</tr>
<tr>
<td>Visits</td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
<tr>
<td>TOTAL:</td>
<td></td>
</tr>
</tbody>
</table>

C. Complaint Decisions:
(Note: the total in section C. should equal the total in Section A.)

<table>
<thead>
<tr>
<th>Decision</th>
<th>Complaints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has Merit</td>
<td></td>
</tr>
<tr>
<td>Has Some Merit</td>
<td></td>
</tr>
<tr>
<td>Has No Merit</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>
D. Resolution Decisions:
(Note: the total in section D. should equal the total in Section A.)

<table>
<thead>
<tr>
<th>Decision Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Granted</td>
<td></td>
</tr>
<tr>
<td>Partially Granted</td>
<td></td>
</tr>
<tr>
<td>Denied</td>
<td></td>
</tr>
<tr>
<td>Alternate Resolution Offered</td>
<td></td>
</tr>
<tr>
<td>Remain Pending</td>
<td></td>
</tr>
<tr>
<td>NA</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

Indicate any specific trends identified or found within the category designated as "Other".

Completed by: __________________________  Date: ____________