I. Informal Resolution of Inmate Complaints (491.07)

Inmates are encouraged to first communicate their issues informally to staff verbally. It is important for inmates to address their issues at the lowest institutional level possible. Inmates are expected to express their concerns in a respectful, constructive manner. Examples of informal verbal communication are as follows:

1. Address the issue verbally with your assigned Correction Program Officer, Work Assignment Officer, or Shift Commander.

2. Property issues may be addressed directly with the Property Officer.

3. Canteen issues may be addressed directly with the Canteen Officer.

An inmate may file a written informal complaint by following the Standard Operating Procedures for Informal Complaint Resolution utilizing the 103 CMR 491 Attachment A (Informal Complaint Form). These forms are available in the BPRC Library (Multipurpose Room) on the second floor. Informal written complaints shall be processed in the following manner:

1. The coordination of the informal complaint process at Boston Pre-Release Center shall be overseen by the facility Administrative Assistant.

2. Inmates who wish to file a written informal complaint shall obtain the informal complaint form, fill out all sections completely and submit it in the locked drop box at control designated for complaints/grievances. Informal complaints shall be filed within 5 working days of the actual incident or within 5 working days of the inmate becoming aware of the incident or situation, whichever is later. Only one issue may be addressed per form and informal complaint forms shall contain a brief description of the issue. If more than one (1) issue exists, inmates shall use a separate form for each issue to ensure it is referred to the appropriate staff person for response.

3. The Institutional Grievance Coordinator shall forward any informal complaint forms submitted via the lock box to the Administrative Assistant on a daily basis.

4. The Administrative Assistant shall immediately screen the incoming informal complaint forms and ensure they are recorded into the informal complaint resolution log within one (1) working day of receipt.

5. Within one (1) working day of logging the informal complaint form
the Administrative Assistant shall forward a copy of the informal
complaint form to the appropriate department head or the responsible
area staff person for possible resolution. The department head or
responsible staff person shall evaluate the request or concern, including
interviewing the inmate if deemed appropriate.

6. Once the department head or responsible area staff person makes his/her
decision, he/she shall take appropriate action to resolve the matter or
advise the inmate of the reason for denial of the inmate's complaint.

7. The department head or responsible area staff person shall issue a
response to the inmate within ten (10) working days of receipt from
the responsible supervisory staff and return a copy of the informal
complaint form with the documented outcome to the Administrative
Assistant.

8. The Administrative Assistant shall document the outcome of the informal
complaint resolution process into the informal complaint resolution log.

9. Once the informal complaint resolution process has concluded, if
the inmate is not satisfied with the informal decision rendered, the inmate
shall have ten (10) working days from the receipt of the informal
complaint decision to file a formal grievance without being penalized.

II. Initiating a Grievance (491.09)

Grievance Forms

Grievance forms can be requested through the Institution Grievance
Coordinator CPO D Ronald St. Cyr, or backup CPO D Scott Rand.
Additionally, grievance forms are available in the library and/or the
designated box located near the control center.

Inmate Requiring Assistance/Language Barriers

If an inmate is unable to speak/understand English, he may request
assistance in completing a grievance from the assigned CPO or from the
Institution Grievance Coordinator who will obtain assistance in translating
the information.
the Administrative Assistant shall forward a copy of the informal complaint form to the appropriate department head or the responsible area staff person for possible resolution. The department head or responsible staff person shall evaluate the request or concern, including interviewing the inmate if deemed appropriate.

6. Once the department head or responsible area staff person makes his/her decision, he/she shall take appropriate action to resolve the matter or advise the inmate of the reason for denial of the inmate's complaint.

7. The department head or responsible area staff person shall issue a response to the inmate within ten (10) working days of receipt from the responsible supervisory staff and return a copy of the informal complaint form with the documented outcome to the Administrative Assistant.

8. The Administrative Assistant shall document the outcome of the informal complaint resolution process into the informal complaint resolution log.

9. Once the informal complaint resolution process has concluded, if the inmate is not satisfied with the informal decision rendered, the inmate shall have ten (10) working days from the receipt of the informal complaint decision to file a formal grievance without being penalized.

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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 __________________

4
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