1. The informal complaint resolution process is the preferred mechanism for the resolution of inmate concerns. Effective communication between institution staff and inmates is essential. Most requests and complaints can be addressed easily and quickly through direct communication with the staff person responsible in the particular area of the problem. It is important that inmates attempt to address their issues at the lowest institutional level possible. Inmates are expected to express their concerns in a respectful, constructive manner. Staff awareness as to the need for prompt attention and response to these issues is also essential and will minimize the use of formal grievance procedures.

2. Communicating requests and complaints verbally should be the first step taken to address informal requests and concerns. Other avenues of informal communication include but are not limited to staff access, and correspondence submitted to the staff person responsible for the area of concern. Staff shall respond to written or verbal concerns submitted by inmates in an expedient manner.

3. The inmate orientation program and manual shall include a component addressing the staff communication and informal complaint resolution process.

4. The informal complaint resolution process shall include, but not be limited to, the utilization of the informal complaint form (Attachment I).

5. While inmates are encouraged to utilize other available avenues as defined in the Informal Complaint Resolution Standard Operating Procedures (2), for addressing complaints prior to submitting an informal complaint form, they shall not be penalized for failing to do so.
6. The informal complaint resolution process is not a substitute for existing appeal processes, including but not limited to classification and disciplinary appeals.

7. Informal Complaint Forms:

a) The informal complaint resolution process shall be coordinated by a supervisory level staff person.

b) The superintendent shall designate areas where inmates may obtain the informal complaint forms, including the inmate libraries and special housing units.

c) Inmates shall file an informal complaint form within five (5) working days of the actual incident or within five (5) working days of the inmate’s becoming aware of the incident or situation, whichever is later.

d) Informal complaint forms should contain a brief description of the issue. If more than one (1) issue exists, inmates shall use separate forms for each issue to ensure it is referred to the appropriate staff person for response.

e) Inmates shall address forms to the responsible supervisory staff person and submit them via institution mail or deposit them directly into the locked drop box designated for grievances.

f) The institution grievance coordinator shall forward informal complaint forms submitted via the locked drop box to the responsible supervisory staff person each business day.

g) The responsible supervisory staff person shall immediately screen the incoming informal complaint forms and shall ensure they are recorded into the informal complaint resolution log within one (1) working day of receipt.

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

j) 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.

k) 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.

l) The department head or responsible area staff shall return a copy of the informal complaint form with the documented outcome to the responsible supervisory staff.

m) The responsible supervisory staff shall document the outcome of the informal complaint resolution process into the informal complaint resolution log. The responsible supervisory staff shall also maintain the completed informal complaint form which shall be attached to the original on file.

n) The superintendent or designee shall review the log periodically to identify and address potential problem areas.

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