



Commonwealth of Massachusetts
Department of Correction
NORTH CENTRAL CORRECTIONAL INSTITUTION
INSTITUTIONAL PROCEDURES
For
INMATE GRIEVANCES 103 NCCI 491p1.14

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.

Reviewed: _____
Raymond W. Marchilli
Superintendent

_____ Date

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1. **INFORMAL PROCESSING OF INMATE COMPLAINTS**

- A. Informal complaints may be addressed by utilizing the Informal Complaint Form (Attachment I) available in the Library and/or from a CPO in all housing units.
- B. The complaint shall be filed within five (5) working days of the actual incident or upon the inmate becoming aware of the incident.
- C. A separate form shall be used for each issue/complaint.
- D. The Unit Team Sgt., who is the informal complaint coordinator, shall maintain an informal resolution compliant log and all complaints shall be logged within one business day of its receipt.
- E. Within one day of logging a complaint it shall be forwarded to the appropriate department for possible resolution.
- F. A response will be given to the inmate within ten (10) business days of receipt by the appropriate department and a copy forwarded to the informal complaint coordinator. The coordinator will then log the outcome into the informal complaint resolution logbook and keep the complaint on file.
- G. The Superintendent or designee shall review the log periodically to identify and address potential problems.
- H. If the inmate is not satisfied with the results of the informal process the inmate shall have ten working days to file a formal grievance without being penalized.

2. **FORMAL PROCESSING OF INMATE GRIEVANCES**

- A. **Filing**
 1. Inmates can obtain a Grievance Form (Attachment A) from any Unit Staff Person (Unit Team Captain, C.P.O., Unit Sergeant or Officer), from the Inmate Law Library or the Institutional Grievance Officer. The grievance may be deposited in the locked mail box located by the dining hall or filed directly with the Superintendent, Deputy Superintendent, or Institution Grievance Coordinator.

2. Inmates have ten (10) working days from the date of incident, or within ten (10) working days of the inmates becoming aware of the incident or situation, to file a grievance. All grievances are to be forwarded to the IGC who shall enter the grievance into IMS. If an Informal Grievance was completed, it should accompany the Inmate Grievance Form.
 3. The inmate shall receive a receipt for his grievance via a printed copy of the grievance in IMS.
 4. If a grievance is returned to the inmate for improper format, the grievance shall be returned to the inmate with a written explanation. The inmate shall have 3 additional working days from the date of receipt to re-file the grievance in the proper format.
 5. Within ten (10) working days the IGC will supply the inmate with a printed copy of the response to his grievance. If satisfied with the outcome, he will sign the Acknowledgment Sheet (Attachment C). If the grievance is denied, the inmate will be advised of his right to appeal.
- B. Extensions for filing a grievance may be extended 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, (Attachment F - Grievance / Appeal Extension Request). The Extension Form will become part of the permanent grievance record.

3. APPEALS

A. Filing

1. Inmates may obtain an Appeal Form (Attachment B) from any unit staff member (C.P.O., Unit Sergeant or Officer) or from the I.G.C. All appeals shall be forwarded to the Superintendent.
2. Extensions may be granted for filing an appeal 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, (see attachment G – Grievance / Appeal Extension Request). The Extension form will become part of the permanent grievance record. Written notice of all extensions shall be provided to the grievant.
3. 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 I.G.C. 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 Departmental Grievance Coordinator.
- B. The Superintendent's office shall be responsible for entering all Grievance Appeals into IMS. All grievances shall be tracked from the date filed to the final disposition (including appeals), utilizing IMS.

The I.G.C. shall be responsible for entering detailed investigative comments for each grievance filed. The I.G.C. 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 Superintendent is responsible for submitting the monthly report, to the Departmental Grievance Coordinator, by the last business day of each month.
- D. The I.G.C. shall be responsible for maintaining institutional grievances for a period of seven (7) years.

5. EMERGENCY GRIEVANCES

- A. An Emergency Grievance may be filed when an inmate believes that his issue may result in personal risk or injury.
- B. If the issue is determined to be of an emergency nature, the grievance will be processed via the normal grievance process, however, it will be responded to within three (3) working days of receipt. If the matter is found not be an emergency, the grievance will be processed in accordance with 103 CMR 491.10.
- C. The Department Grievance Coordinator will be notified of all emergency grievances by the IGC upon receipt.

6. ABUSE OF THE GRIEVANCE PROCESS

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

7. SETTLEMENTS

- A. The I.G.C. shall ensure Attachment D - Grievance Settlement and Release of Claim Form, is completed and approved by the Superintendent.

8. GRIEVANCE WITHDRAWALS AND IGC RESOLUTIONS

Inmates wishing to withdraw from a grievance or appeal shall be required to complete and sign a Grievance Withdrawal Form (Attachment E). This is to ensure a withdrawal is not made under duress, coercion or threat from either staff or another inmate.

9. INMATE NOTIFICATION OF POLICY

The 103 CMR 491, Inmate Grievance Policy shall be maintained in the inmate library for general reference. An inmate may request a copy of the Grievance Policy through the Institutional Librarian.

COMMONWEALTH OF MASSACHUSETTS
 DEPARTAMENTO DE CORRECCION
 FORMULARIO DE QUEJA DE PRESO

NOMBRE DEL PRESO:		PRESO #:	FECHA:
INSTITUCION:		FECHA DEL INCIDENTE:	
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. <p style="text-align: center;">_____ EMERGENCIA</p>			
B. Dé una breve y comprensible resumen de su queja / asunto. Si es necesario, use papel adicional.			
C. Liste cualquiera 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.			

Firma del preso _____ Fecha: _____

Personal que lo recibe _____ Fecha: _____

****QUEJAS NEGADAS PUEDEN SER APELADAS A LA AUTORIDAD QUE LA REVISAS**

DENTRO DE LOS 10 LABORALES.

(Recibos/respuestas al preso serán generadas a través del Sistema de Administración de Presos

[Inmate Management System])



Attachment B

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE APPEAL FORM

INMATE'S NAME:	INMATE'S #:	DATE:
INSTITUTION:		ASSIGNED GRIEVANCE #:
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.)

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

NOMBRE DEL PRESO:	PRESO #:	FECHA:
INSTITUCION:		QUEJA ASIGNADA #:
<p>INSTRUCCIONES: Refiérase 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.</p>		
<p>Provea su argumento de apelación de una manera breve y comprensible.</p>		
<p>Provea el remedio que usted solicita</p>		

Firma del
Preso _____ **Fecha:** _____

Personal que lo recibe _____ **Fecha:** _____



The Commonwealth of Massachusetts
Department Of Corrections

ACKNOWLEDGMENT SHEET

I, _____, an inmate of the Massachusetts
Department of Correction, agree to settle grievance # _____ 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 the subject matter of the grievance.

Inmate's Signature: _____ Date: _____
Witness: _____ Date: _____

INSTITUTION APPROVAL

I have reviewed the facts of the above grievance and find that the settlement is
appropriate.

Superintendent: _____ Date: _____

**The Commonwealth of Massachusetts
Department of Corrections**

**MONETARY SETTLEMENT OF CLAIM
M.G.L. C. 258, INCLUDING
SETTLEMENT AND RELEASE OF CLAIM**

I, _____, an inmate of the Massachusetts Department of Correction, hereby make claim pursuant to M.G.L. C. 258 against the Commonwealth for (Please be as specific as possible as to dates, places, value, physical description and identifying information, etc.):

In the interests of a speedy and efficient disposition of said claim, I hereby settle said claim in full and release the Department and its employees of all liability arising out of this claim, in consideration of my receipt of:

Signed: _____ Dated: _____
Witness: _____ Dated: _____

IGC

INSTITUTION APPROVAL

I have reviewed the facts of the above described claim and find that the described settlement is appropriate. Claim is to be paid from an appropriate account.

Superintendent Signature: _____ Date: _____

The Commonwealth of Massachusetts
Department of Corrections

GRIEVANCE WITHDRAWAL FORM

INMATE NAME & NUMBER: _____
NAME OF CURRENT INSTITUTION: _____ HOUSING UNIT: _____

Please withdraw my complaint from the grievance process. I declare that my reasons for withdrawing my complaint were not made under duress, coercion or threat from either staff or inmates.

SIGNATURE OF INMATE: _____ DATE: _____

RECEIPT BY INSTITUTION GRIEVANCE COORDINATOR

I.G.C. SIGNATURE: _____ DATE RECEIVED: _____

GRIEVANCE NUMBER: _____

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: _____

(Do not write below this line)

.....

RECEIPT BY INSTITUTIONAL GRIEVANCE COORDINATOR

I.G.C. SIGNATURE: _____ DATE RECEIVED: _____

GRIEVANCE NUMBER:

EXTENSION APPROVED

EXTENSION DENIED

REASON: _____

I.G.C. SIGNATURE: _____ DATE: _____

cc: File

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)				
<input type="checkbox"/> HOUSING ASSIGNMENT/STATUS	<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROGRAMS	<input type="checkbox"/> MAIL	<input type="checkbox"/> FOOD
<input type="checkbox"/> CLOTHING/LINEN EXCHANGE	<input type="checkbox"/> RELIGION	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> VISITS	
<input type="checkbox"/> LEGAL EXCHANGE	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> PHONE	<input type="checkbox"/> 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 _____

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 _____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
FORMULARIO DE QUEJA INFORMAL

Nombre del Preso _____ Sentenciado # _____ Fecha
Incidente _____ Institución _____ Unidad de Alojamiento _____

MARQUE AREA DE PREOCUPACION (un asunto permitido por formulario)				
<input type="checkbox"/> UNIDAD DE ALOJAMIENTO/ESTATUS	<input type="checkbox"/> LAVANDERIA	<input type="checkbox"/> PROGRAMAS	<input type="checkbox"/> CORREO	<input type="checkbox"/> COMIDA
<input type="checkbox"/> ROPA/CAMBIO DE ROPA DE CAMA	<input type="checkbox"/> RELIGION	<input type="checkbox"/> PROPIEDAD	<input type="checkbox"/> VISITAS	
<input type="checkbox"/> INTERCAMBIO LEGAL	<input type="checkbox"/> BIBLIOTECA	<input type="checkbox"/> TELEFONO	<input type="checkbox"/> 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 pagina si requiere más espacio)

Firma del Preso _____ Fecha _____

Nota: si usted sigue las instrucciones en preparar su pedido, puede ser tratado mas fácilmente. Su queja será revisada y respondida dentro de los diez (10) días laborales de la fecha de recepción.

NO ESCRIBA DEBAJO DE ESTA LINEA (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 _____