I. PURPOSE
To provide an internal grievance mechanism to resolve inmate complaints, reduce the need for litigation, and afford staff the opportunity to improve facility operations.

II. DEFINITIONS

**Emergency Grievance** – a grievance concerning matters that subject (or has subjected) an inmate to a substantial risk of immediate personal injury or serious harm. This is to include PREA related matters.

**Facility Health Administrator (FHA)** - the staff member assigned to administer the facility’s health services.

**Grievance** – an individual complaint filed by an inmate concerning subject matter as outlined in this operational procedure.

**Grievance Coordinator (GC)** – the staff member assigned to administer, investigate, and respond to inmate grievances. The responsibilities of this position may also apply to that person’s designee.

**Health Services Grievance** – a grievance concerning matters of health services care and judgment. Includes matters of medical, vision, dental, and mental health care.

**Informal Resolution**- an individual complaint filed by an inmate as the first step outlined in this operational procedure.

**Policy / Operational Procedure Grievance** – a grievance concerning written policies and procedures.

**Staff Conduct Grievance** – a grievance concerning prohibited conduct as defined in *DOC 1.3.12*.

**Standard Grievance** – a grievance concerning all other matters not specifically categorized below.

III. PROCEDURES

A. Non-Grievable Issues

1. Actions by outside entities not under the jurisdiction of the Department of Corrections (DOC), including the Sentence Review Board and Board of Pardons and Parole, are not grievable under the inmate grievance program.

2. Classification, disciplinary, and any other decision which is subject to a separate appeal procedure or administrative review process, are not grievable under the inmate grievance program.

B. Grievable Issues

1. All other issues including, but not limited to, health care, staff conduct, written policy or procedures, and other standard grievance matters such as property, mail, food service, conditions of confinement, program access, or religious issues are grievable.
2. Grievances regarding the DOC and the particular facility’s written policies and operational procedures must specifically demonstrate with factual basis that the inmate filing the grievance has been, in some manner, unfairly or personally adversely affected by the application or operation of a written policy or operational procedure.

C. Distribution, Submission, and Collection of Forms
1. All formal grievances and appeals will be processed through the Grievance Coordinator (GC), or designee. The GC will distribute Inmate Informal Resolution forms, Inmate Grievance forms and Grievance Continuation forms to each housing unit, where they will be available to inmates from housing unit staff.
2. After attempting informal resolution (see section E), the inmate may submit a written statement of his issue by filling out an Inmate/Offender Grievance Form (attachment C) and placing it in the locked collection box located in the housing unit lobby. The GC, or designee, will collect grievance forms weekly from locked collection boxes and directly from locked housing unit inmates no less than twice per 40-hour week.

D. Time Limits, Extension, and Exhaustion
1. The maximum length of time for completion of the grievance process is 180 calendar days, from initiation to final disposition. The Inmate Grievance Flowchart (attachment G) summarizes the process and clearly identifies the applicable time frames.
2. With respect to all time limits established in this operational procedure for inmates, extensions may be granted by the GC for good cause shown in exceptional circumstances such as physical incapacity or being in transit while separated from relevant documents.
3. Staff may only exceed the time limits set in this operational procedure for good cause and with written notice to the inmate on a Grievance Response Extension Form (attachment A).
4. If an inmate fails to receive a timely response from a staff member as set forth in this operational procedure, the inmate may file the appropriate forms to advance to the next level of the grievance program.
5. If an inmate fails to advance to the next level of the grievance program within the stated time limit, he will be considered to have forfeited the opportunity to exhaust his administrative remedies under the inmate grievance program.
6. If an inmate’s action requested is granted, he will not be allowed to appeal the decision, and it is understood he has exhausted all administrative remedies.

E. Informal Resolution
1. Except as provided below regarding emergency grievances, an inmate must first present an issue of concern on an Inmate/Offender Informal Resolution Form (attachment B) to his assigned Unit Manager (UM) or designee within five working days of the action or omission that caused the complaint, and attempt to resolve the issue before filing a formal grievance.
   a. If the inmate submits an issue of concern on a form other than those provided by the grievance office, they risk having it returned without processing.
   b. The inmate will describe a single issue or a reasonable number of closely related issues on the form. If the inmate includes multiple unrelated issues on a single form, the Unit manager or designee will reject and return it without a response. The inmate will then be advised to use a separate form for each unrelated issue.
   c. If two or more inmates file issues on the same informal resolution form, the Unit Manager will return it to the inmate(s) unprocessed.
2. The UM, or designee, will investigate and attempt to resolve the issue informally, and provide a response to the inmate on the Inmate/Offender Informal Resolution Form within 20 working days of receipt of the form.

3. If the UM, or designee, refers the issue to a more appropriate department for response, the action and date of referral must be documented. The receiving staff member will thoroughly address the issue and notify the inmate and UM if an answer cannot be provided before the established 20 day deadline. The response to the informal resolution will be routed back to the UM to be given to the inmate.

4. An inmate wishing to file a formal grievance must do so within five working days from the date he received the informal resolution response. If the inmate doesn’t receive a response to his informal resolution within 25 working days, he may proceed by filing a formal grievance without informal response. He must file the formal grievance within the next five working days.

F. Formal Grievance – Filing

1. The inmate will only use the forms provided by the grievance office to file a grievance. If an inmate submits a grievance on a form other than those provided by the grievance office, the GC will reject it.

2. The inmate will complete an Inmate/Offender Grievance Form (attachment C) with all requested identifying information, and legibly and clearly state the issue in the space provided on the form. If more space is needed, the inmate may use up to one Inmate/Offender Grievance Continuation Form (attachment D).

3. The inmate will state the name of every individual against whom the inmate is making the claim.

4. The inmate will describe a single issue or a reasonable number of closely related issues on the form. If the inmate includes multiple unrelated issues on a single form, the GC will reject it and return it to the inmate without a response. The GC will advise the inmate to use a separate form for each unrelated issue.

5. The inmate will provide copies of all documentation essential to the resolution of a grievance, including the Inmate/Offender Informal Resolution Form with staff response. If the inmate does not provide a copy of the Inmate/Offender Informal Resolution form, they risk having the grievance returned by the GC without processing. Therefore inmates are encouraged to retain a copy of all exhibits for their personal records.

6. If two or more inmates file a grievance on the same form, the GC will return it to the inmate(s) unprocessed.

7. Inmates may obtain assistance from staff or other inmates to file a grievance form, but an inmate may not submit a grievance form on behalf of another inmate. If an inmate submits a grievance on behalf of another inmate, the GC will return it to the inmate unprocessed.

8. The GC will assure that the grievance form is complete, and will return an incomplete grievance form to the inmate with a written statement as to why it is not being processed. The inmate may resubmit the grievance form with the appropriate corrections, but must do so within 48 hours. If the resubmitted grievance is submitted late the GC will reject it.

9. If an inmate raises any issue that was not raised in the previous level of filing during the steps of grieving an issue, or changes the action requested, the GC will return the form to the inmate with a written statement as to why it is not being processed any further.
10. If an inmate combines grievances of separate previous level responses into a single grievance, the GC will return the form to the inmate with a written statement as to why it is not being processed any further.

G. Responding to the Formal Grievance
1. The GC, or designee, will respond to all properly filed grievance forms within 20 working days. All responses will be either written or typed, and will contain specific, explanatory reasons for any decision to assist the inmate’s understanding of the decision.
2. The staff member providing the written or typed response will legibly sign and date it.
3. Except for the DOC Director, any person implicated in a formal inmate grievance will not participate in the decision-making process concerning the grievance.
4. Staff members will include instructions either verbally or in writing to the inmate on how to advance his grievance issue to the next level, or for proper completion of the immediate form.

H. Processing by Grievance Coordinator (GC)
The GC will:
1. Determine into which category the issue falls and log the grievance upon receipt. [Note: Emergency issues will be screened for actual emergent nature. The GC will immediately forward actual emergent nature, operational procedure, and staff conduct grievances to the Warden / Facility Administrator, or designee. The GC will confer with the facility health administrator (FHA), or designee, to determine whether a grievance filed as a health services issue should be deemed standard or health services related. The FHA, or designee, will process those deemed health services issues.]
2. Immediately return any incomplete or improperly filed grievance form to the inmate.
3. Respond to a standard grievance within 20 working days of receipt.
4. Document the basis of any decision in the response to the inmate.
5. Retain all documentation regarding the grievance in the grievance files, including all efforts to resolve the grievance.
6. Record all steps of the grievance and any appeals in a grievance log.
7. Deliver all responses to the inmate.
8. Forward all appeals to the appropriate person.

I. Processing by the Warden / Facility Administrator
1. Appeals:
a. An inmate wishing to appeal the GC’s response may do so by submitting an Inmate/Offender Grievance Appeal to Warden/Administrator form (attachment E) and any additional documentation to the GC within five working days of receipt of the response to the grievance. The GC will ensure the appeal form has been properly filed, attach all documentation, and promptly forward the appeal to the Warden / Facility Administrator or designee. The GC will return any improperly filed appeal to the inmate with a written statement as to why it is not being processed any further.
b. Within 20 working days of receipt of the appeal form, the Warden / Facility Administrator or designee will review the grievance and provide a written response to the inmate, specifying the reasons for any decision. The Warden / Facility Administrator or designee will include instructions to the inmate that he may appeal the decision to the DOC Director.
c. The response will be returned to the inmate through the GC, who will notify the inmate that he has five working days from receipt to submit an appeal to the decision to the GC who will forward it to the DOC Director.

2. Emergency Grievances:
   a. The Warden / Facility Administrator or designee will respond to an emergency grievance within 48 hours of receipt of the grievance. The response will include instructions to the inmate that he may appeal the decision to the Department Director.
   b. The response will be returned to the inmate through the GC, who will notify the inmate that he has three working days from receipt to submit an appeal to the decision to the GC who will forward the appeal to the DOC Director.

3. Staff Conduct Grievances:
   a. The GC will immediately forward any grievance that fits the specific criteria noted in DOC 1.3.12, Staff Association and Conduct with Offenders to the Warden / Facility Administrator or designee.
   b. The Warden / Facility Administrator or designee will provide a written response to the inmate within 20 working days of receipt of the grievance. The response will include instructions to the inmate that he may appeal the decision to the Department Director.
   c. The response will be returned to the inmate through the GC, who will inform the inmate that he has five working days to submit an appeal to the decision to the DOC Director.

4. Policy and Operational Procedure Grievances:
   a. The GC will forward any grievance challenging formal policy or operational procedures to the Warden / Facility Administrator or designee.
   b. The Warden / Facility Administrator or designee will convene an operational procedure / policy committee as deemed necessary, and will provide a written response to the inmate within 20 working days of receipt of the grievance. The response will include instructions to the inmate that he may appeal the decision to the DOC Director.
   c. The response will be returned to the inmate through the GC, who will inform the inmate that he has five working days to submit an appeal to the decision to the DOC Director.

J. Health Services Grievances
1. The GC and FHA, or designee, will determine whether a grievance alleging problems related to health services will be handled as a standard or a health services grievance.
   a. If it involves health services judgment, the FHA or designee will take the grievance and process it.
   b. If the grievance doesn’t involve health services judgment, the GC will take the grievance and process it as a standard grievance.

2. The FHA or designee will confer as necessary with the health care provider, and must notify the DOC Medical Director or designee (or the DOC Dental Director if it involves dental judgment), prior to responding to the grievance.

3. The FHA or designee will provide a written response within 20 working days of receipt of the grievance, including instructions to the inmate that he may appeal the decision to the DOC Medical Director or designee (or the DOC Dental Director if it involves dental judgment). The FHA or designee will return the response to the GC.
4. The GC will deliver the FHA’s response to the inmate and inform him that he has five working days to submit an *Inmate/Offender Grievance Appeal to Warden/Administrator* form (attachment E) to the GC.

5. Upon receipt of the appeal the GC will copy the Warden / Facility Administrator and forward the appeal form to the DOC Medical Director or designee (or the DOC Dental Director if it involves dental judgment).

6. The DOC Medical Director or designee (or the DOC Dental Director if it involves dental judgment) will provide a written response within 20 working days of receipt of the appeal, including instructions to the inmate that he may appeal the decision to the DOC Director or designee. The DOC Medical Director or designee (or the DOC Dental Director if it involves dental judgment) will return the response to the GC.

7. The GC will deliver the DOC Medical Director’s (or the DOC Dental Director if it involves dental judgment) response to the inmate and inform him that he has five working days to submit an *Inmate/Offender Grievance Appeal to Corrections Director* form (attachment F) to the GC.

8. Upon receipt of the appeal, the GC will forward the appeal to the DOC Director or designee.

K. Processing by the Department Director

1. An inmate wishing to appeal a Warden / Facility Administrator or DOC Medical Director or designee (or the DOC Dental Director if it involves dental judgment) response must submit an *Inmate/Offender Grievance Appeal to Corrections Director* form (attachment F) and any additional documentation to the GC within five working days of receipt of the response. The GC will attach all documentation and promptly forward the appeal to the DOC Director for review.

2. An inmate may not raise in an appeal any issue that was not raised in the lower level filings. An inmate may not combine appeals of separate lower level responses into a single appeal.

3. The DOC Director or designee will respond to an emergency grievance within 10 working days of receipt of the grievance and appeal. The DOC Director or designee will respond to all other appeals within 20 working days of receipt of the grievance and appeal. The DOC Director or designee will review the grievance and provide a written response to the inmate, specifying the reasons for any decision. The response will be returned to the inmate through the GC.

4. The DOC Director’s response is final, and exhausts all administrative remedies available to the inmate through the inmate grievance program.

L. Emergency Grievances

1. Inmates alleging actual, or risk of, immediate physical harm may file a formal emergency grievance.

2. The inmate will specify on an *Inmate/Offender Grievance Form* the exact nature of the issue and why the issue is considered an emergency. The inmate has 48 hours from the incident to file a formal emergency grievance.

3. The inmate will submit the completed *Inmate/Offender Grievance Form* to the GC; or to the Shift Commander in the GC’s absence. Any inmate alleging an emergency grievance issue may obtain assistance from any staff member to ensure the grievance is delivered to the GC or Shift Commander. The GC or Shift Commander will determine whether the issue is a legitimate emergency, and will forward legitimate emergency grievances to the Warden / Facility Administrator or designee for processing.
4. The Warden / Facility Administrator or designee will respond to the inmate in writing within 48 hours of receipt of the emergency grievance. The GC may extend this time frame, but only for an additional 48 hours. The GC will inform the inmate in writing of any time frame extension.

5. The inmate may appeal the Warden / Facility Administrator’s response to the emergency grievance to the DOC Director by submitting a completed appeal form to the GC within five working days of receipt of the response. The GC will promptly forward the appeal to the DOC Director. The DOC Director will respond to all legitimate emergency grievances in writing within 10 working days of receipt.

6. If the issue is determined not to be a legitimate emergency by the GC, Shift Commander, Warden / Facility Administrator, or designee, the GC will return the grievance to the inmate within 48 hours, with a written response specifying why the issue is inappropriate as an emergency. The inmate then has five working days to pursue the issue as a standard grievance, beginning with submission of an informal resolution form.

7. The inmate may not appeal the decision to return the grievance to pursue as a standard grievance issue.

M. Inmate Use of the Grievance Program – Protection Against Reprisal

1. Staff will not harass, punish, or discipline an inmate for utilizing the inmate grievance process. Employees will be subject to disciplinary action if they violate this directive.

2. All grievance documents will be placed only in the grievance files maintained by the GC. They will not be copied to other files.

N. Inmate Abuse of the Grievance Program

1. Abuse of the grievance procedure by an inmate may include, but is not limited to, the use of profanity, threats, abusive or demeaning language; submitting an excessive number of grievance forms; or, submitting multiple grievances in reference to the same issue(s).

2. If an inmate demonstrates a pattern of abuse of the inmate grievance program, the Warden/Facility Administrator or designee will notify the inmate, in writing, that such actions are creating an administrative burden at the expense of legitimate complaints. The abuse notice will contain specific reasons for the decision and notify the inmate that the GC will return future grievances that demonstrate a continued pattern of abuse. Abuse notices are not be subject to appeal.

3. The GC will log, assign a case number, and return any future grievances demonstrating a continued pattern of abuse to the inmate with the issue unanswered. The GC will explain the action in the log, on the grievance, and to the Unit Manager or designee.

4. If an inmate submits a grievance that is in violation of his abuse notice, the GC will not process it and notify the inmate his right to resubmit is forfeited.

5. If an inmate is transferred to a contract facility, that facility’s Warden/Facility Administrator or designee has the authority to continue or discontinue the abuse notice. The Warden/Facility Administrator or designee will provide the decision in writing to the inmate.

O. Access to Information

1. All inmates will have access to a copy of this operational procedure, regardless of their classification, disciplinary, or administrative status. Copies will be maintained in the inmate libraries.
2. The GC or designee will ensure newly received inmates and newly hired staff are given an opportunity to review this operational procedure and ask questions and receive answers about its procedures.

3. In the course of resolving a formal inmate grievance complaint, the GC, or designee, will have access to essential records for grievance resolution. The inmate’s grievance serves as a waiver of confidentiality in this regard.

4. This operational procedure will be available in English and any other language spoken by 10% of the inmate population. The assigned UM or designee will assist inmates who do not speak a language spoken by a significant portion of the inmate population, as well as those inmates who are visually or otherwise impaired. The UM or designee will explain how to complete forms, file, appeal, and resolve grievances.

P. Remedies and Actions Requested

1. The grievance procedure will afford a grievant a meaningful remedy to valid grievances. The scope of available administrative remedies is broad and should be applied on a case-by-case basis. Possible remedies include, but are not limited to:
   a. Modification of institutional operational procedure or practice.
   b. Replacement, restoration of, or restitution for personal property.
   c. Assurance that deprivation of necessary care or other abuse should not recur.
   d. Other remedies that will meaningfully solve the problem presented.

2. If the action requested violates any of the following criteria the GC will return the grievance without processing:
   a. Monies requested:
      1) Must not be of punitive nature.
      2) Cannot exceed the actual financial damages incurred. [substantiated inmate claims of property loss or damage by staff may be reimbursed by the GC or staff with authority to spend from the assigned budget].
   b. An investigation request must be the action requested in regards to all staff conduct issues. Requests for termination, reprimand, and apology letters will not be accepted. Further employment action, if any, will be determined only by the administration, MSP and DOC policies.

3. If the action requested on a formal grievance or appeal is not the same as that on the previously filed grievance form, the GC will return the grievance or appeal to the inmate without processing.

IV. CLOSING
Questions concerning this operational procedure should be directed to the Warden / Facility Administrator.

V. ATTACHMENTS
Grievance Response Extension Form Attachment A
Inmate/Offender Informal Resolution Form Attachment B
Inmate/Offender Grievance Form Attachment C
Inmate/Offender Grievance Continuation Form Attachment D
Inmate/Offender Grievance Appeal To Warden/Administrator Attachment E
Inmate/Offender Grievance Appeal To Corrections Director Attachment F
Inmate Grievance Flowchart Attachment G
TO:

FROM: Grievance Coordinator

RE: Extension of Grievance Response

DATE:
This is to inform you that the Grievance Coordinator / Warden / Director has received your grievance. Additional time is needed to further investigate your grievance / appeal. This extension is necessary for the following reasons:

An estimated date of response to your complaint is ____________________________.

Signed: ____________________________

I acknowledge receipt of this extension.

______________________________  ____________________________
Inmate Signature              Date

Grievance Coordinator (White)   Inmate (Canary)
INMATE/OFFENDER INFORMAL RESOLUTION FORM

Name: ___________________________ Number: ___________ Housing: ___________ Date: ___________

Describe the problem. Include date and time the incident occurred, names of staff involved, description of any evidence, names of any witnesses. **Name the person(s) you are grieving.** WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

ACTION REQUESTED: ____________________________________________________________

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__________________________________________________________________________________

INMATE SIGNATURE: ___________________________ ______________________________________

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE: The action you request is / is not appropriate because:

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

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__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

Requested action is granted ___ / granted in part ___ / denied ___. You have the right to grieve if this response does not satisfy you.

RESPONDANT SIGNATURE: ___________________________ TITLE: ___________ DATE: ___________

I acknowledge that I have received this response. ___________________________ ___________________________ DATE

GRIEVANCES MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. ATTACH COPIES OF ALL PERTINENT INFORMATION AND PLACE IN THE GRIEVANCE COLLECTION LOCK BOX. (GRIEVANCE FORMS ARE AVAILABLE FROM HOUSING STAFF)

WHITE - GRIEVANCE COORDINATOR CANARY - INMATE COPY OF RESPONSE PINK - INMATE RECEIPT
STATE OF MONTANA DEPARTMENT OF CORRECTIONS

MSP □ MWP □ CONTRACT FACILITY:______________________________________________

INMATE/OFFENDER GRIEVANCE FORM

Name: ____________________________ Number: ____________ Housing: ____________ Date: __________

Description must include date and time incident occurred, attempts made to resolve, names of staff involved, description of any evidence, names of any witnesses. **Name the person(s) you are grieving.** WHAT did they do? WHEN did they do it? WHERE did this happen? & WHAT have you done so far to get the problem repaired?

________________________________________________________________________

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ACTION REQUESTED:

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INMATE SIGNATURE: ______________________

By my signature above, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

RESPONSE:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

RESPONDENT SIGNATURE: ____________________________ TITLE: ______________________ DATE: __________

You have the right to appeal this response to the next level
I acknowledge that I have received this response. I do / do not intend to appeal to the next level.

INMATE SIGNATURE: ____________________________ DATE: __________

YOUR APPEAL MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. Attach copies of all pertinent information and place in the grievance collection lock box.
STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP □  MWP □  CONTRACT FACILITY: ________________________________

INMATE/OFFENDER GRIEVANCE APPEAL TO WARDEN/ADMINISTRATOR

Inmate Name: ___________________________ Number: __________ Housing: __________ Date: __________

State the reason you are appealing:

________________________________________  Inmate’s Signature

WARDEN / ADMINISTRATOR’S RESPONSE:

Appeal has been granted _____ / granted in part _____ / denied _____ Date: _______________________

Comments:

You have the right to appeal this response to the Corrections Director.  __________________________
 Warden / Administrator’s Signature

I acknowledge that I have received this response.  I do / do not intend to appeal to the next level.

INMATE SIGNATURE  DATE

APPEALS TO THE CORRECTIONS DIRECTOR MUST BE SUBMITTED WITHIN FIVE WORKING DAYS OF RECEIPT OF THIS RESPONSE. ATTACH COPIES OF ALL PERTINENT INFORMATION AND PLACE IN THE GRIEVANCE COLLECTION LOCK BOX.

GRIEVANCE RECORDS – WHITE  INMATE RESPONSE – CANARY  INMATE RECIEPT – PINK

Attachment E  MSP 3.3.3, Inmate Grievance Program  Implemented February 27, 2013
STATE OF MONTANA DEPARTMENT OF CORRECTIONS
MSP ☐ MWP ☐ CONTRACT FACILITY: ________________________________

INMATE/OFFENDER GRIEVANCE APPEAL TO CORRECTIONS DIRECTOR

Inmate Name: _____________________________________________ Number: __________ Housing: __________ Date: __________

State the reason you are appealing:

________________________________________
Inmate’s Signature

CORRECTIONS DIRECTOR’S RESPONSE:

Appeal has been granted _____ / granted in part _____ / denied _____ Date: __________________________
Comments:

________________________________________
Director’s Signature

You are advised that this concludes administrative remedies available through the Department of Corrections.

I acknowledge that I have received this response: ___________________________ / / / INMATE SIGNATURE DATE

GRIEVANCE RECORDS – WHITE INMATE RESPONSE – CANARY INMATE RECIEPT – PINK

Attachment F MSP 3.3.3, Inmate Grievance Program Implemented February 27, 2013
**INMATE GRIEVANCE FLOWCHART**

<table>
<thead>
<tr>
<th><strong>INFORMAL RESOLUTION</strong></th>
<th><strong>STANDARD</strong></th>
<th><strong>EMERGENCY</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>GRIEVABLE INCIDENT OCCURS</em></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Inmate**
Attempts to resolve.
- **5 working days**
- Attempt to resolve with staff involved.
- May take issue to UM/CM for assistance & to file Informal Resolution form.

**UM / CM / Involved Staff**
Respond to informal resolution request.
- **20 working days**
- Grant/deny/find alternative resolution.
- Deliver response to inmate.

* If **inmate** is satisfied, issue is considered resolved & no further action is taken.
  
  Informal resolution paperwork forwarded to GC for recording.

* If **inmate** is **not** satisfied
  - **5 working days**
  - Submit formal grievance to GC.

| **GC** Log, investigate & respond:
- 20 working days
- Grant/deny | **GC** gives response to inmate. | * Bypasses Informal Resolution due to its nature. |

If **inmate** appeals
- **5 working days**
- File Appeal-to-Warden/Administrator with GC.

**GC** attaches all documentation & forwards to Warden/Facility Administrator.

If **inmate** appeals
- **5 working days**
- Inmate files appeal to Department Director with GC.

**GC** attaches all documentation and forwards to Department Director.

| **Department Director** 20 working days
- Grant/deny/return to GC or Warden/Facility Administrator for further review. | **Department Director** 10 working days
- Grant/deny/return to GC or Warden/Facility Administrator for further review. |

**GC** gives response to inmate.

| **This exhausts the available DOC administrative remedies** |

This exhausts the available DOC administrative remedies
## INMATE GRIEVANCE FLOWCHART

<table>
<thead>
<tr>
<th><strong>HEALTH SERVICES</strong></th>
<th><strong>POLICY / PROCEDURE</strong></th>
<th><strong>STAFF CONDUCT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>GC Log &amp; forward to Facility Health Administrator (FHA) or designee. ASAP</td>
<td>GC Log &amp; forward to Warden / Facility Administrator. ASAP</td>
<td>GC Log &amp; forward to Warden / Facility Administrator. ASAP</td>
</tr>
<tr>
<td><strong>FHA</strong></td>
<td><strong>Warden / Facility Administrator</strong></td>
<td><strong>Warden / Facility Administrator</strong></td>
</tr>
<tr>
<td>Confers with provider, notifies DOC Medical/Dental Director, &amp; responds:</td>
<td>[Convenes Committee as necessary]</td>
<td><strong>20 working days</strong></td>
</tr>
<tr>
<td>• <strong>20 working days</strong></td>
<td>• <strong>20 working days</strong></td>
<td><strong>Grant/deny.</strong></td>
</tr>
<tr>
<td>• Grant/deny</td>
<td>• Grant/deny/return to GC for further review.</td>
<td>GC gives response to inmate.</td>
</tr>
<tr>
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<td><strong>If inmate appeals</strong></td>
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</tr>
<tr>
<td>• Inmate files appeal to DOC Medical/Dental Director with GC.</td>
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</tr>
<tr>
<td>GC attaches all documentation, copies Warden / Facility Administrator, and forwards to DOC Medical/Dental Director.</td>
<td>GC attaches all documentation and forwards to Department Director.</td>
<td>GC attaches all documentation and forwards to Department Director.</td>
</tr>
<tr>
<td><strong>DOC Medical/Dental Director</strong></td>
<td><strong>Department Director</strong></td>
<td><strong>Department Director</strong></td>
</tr>
<tr>
<td>• <strong>20 working days</strong></td>
<td>• Legal review before final decision</td>
<td>• HR review before final decision.</td>
</tr>
<tr>
<td>• Grant/deny</td>
<td>• <strong>20 working days</strong></td>
<td>• <strong>20 working days</strong></td>
</tr>
<tr>
<td>GC gives response to inmate.</td>
<td>• Grant/deny/return to Warden / Facility Administrator for further review.</td>
<td>GC gives response to inmate.</td>
</tr>
<tr>
<td><strong>If inmate appeals</strong></td>
<td><strong>This exhausts the available DOC administrative remedies</strong></td>
<td><strong>This exhausts the available DOC administrative remedies</strong></td>
</tr>
<tr>
<td>• <strong>5 working days</strong></td>
<td>• Inmate files appeal to Department Director with GC.</td>
<td></td>
</tr>
<tr>
<td>• Inmate files appeal to Department Director with GC.</td>
<td>GC attaches all documentation and forwards to Department Director.</td>
<td></td>
</tr>
<tr>
<td><strong>Department Director</strong></td>
<td><strong>This exhausts the available DOC administrative remedies</strong></td>
<td></td>
</tr>
<tr>
<td>• <strong>20 working days</strong></td>
<td>• Obtains Legal review</td>
<td></td>
</tr>
<tr>
<td>• Grant/deny/return to GC</td>
<td>GC gives response to inmate.</td>
<td></td>
</tr>
<tr>
<td>GC gives response to inmate.</td>
<td><strong>This exhausts the available DOC administrative remedies</strong></td>
<td></td>
</tr>
</tbody>
</table>

Attachment G, p.2 of 2
MSP 3.3.3, Inmate Grievance Program
Implemented February 27, 2013