



Division of Operations
Level 1
Internal Management Procedure

**Internal Management
 Procedure #
 IMM.002.IRS.001**

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Internal Management Procedure Title:

INMATE REMEDY SYSTEM

Effective Date:

June 9, 2006

Revised

February 1, 2014

Authority :

NJ DOC PS # IMM 002 001,
 Federal Prison Rape Elimination Act
 of 2003 (PREA) 42 U S C §§15601,
 28 C F R § 115 52

Promulgating Office:

Division of Operations

Professional Association

Standard cited:

ACA 4-4100, 4-4284

Applicability This Internal Management Procedure applies to all organizations units of the New Jersey Department of Corrections

Supersedes IMM 002 IRS 001 dated 6/9/06 and IMM 002 RRP 001 dated 2/1/08

Review Schedule

This document is scheduled for annual review on or about January 31, 2015

This document was reviewed and approved by:

Judith Lang, Chief of Staff on March 25, 2014

and

Mark Farsi, Deputy Commissioner on March 25, 2014.

Documentation of the reviews/approvals are maintained by the Office of Policy & Planning, APPM Unit

I. PURPOSE

To set forth the procedures of the *Inmate Remedy System* which provides a mechanism for inmates to address complaints, concerns, questions, problems and/or grievances to correctional facility Administration for resolution through the use of the Inmate inquiry Form, the Inmate Grievance Form and the Appeal process. The *Inmate Inquiry Form* is intended to make routine inquiries and obtain information. The Inmate Grievance Form is an internal administrative means for the resolution of complaints associated with the conditions of an inmate's confinement.

II. DEFINITIONS

The following words and terms, when used in this procedure, shall have the following meanings, unless the context clearly indicates otherwise

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ADA means the *Americans with Disabilities Act* 42 U S C A 12101 et seq

ADA Grievance means an appeal of the NJ DOC response to an initial inmate request for reasonable ADA accommodations

ADA Coordinator means the staff person assigned to coordinate ADA compliance and complaint investigations for the NJ DOC

ADA Liaison means a staff person assigned at a correctional facility to receive, record, track, and forward all inmate ADA accommodation requests and resolutions for their designated facility to the ADA Coordinator. The ADA Liaison is the individual who is responsible for attempting to resolve all inmate ADA accommodation requests at the first level, via the *Inmate Remedy System*, with the intent to ensure NJ DOC compliance with ADA regulations and to ensure the needs of inmates with qualified, ADA disabilities are accommodated, and reduce the filing of inmate ADA grievances

Administrative Appeal means the method through which inmates are encouraged to formally appeal to the Administrator or designee the decision or finding rendered by correctional facility staff in regard to the "Grievance" that was previously presented by the inmate

C H A N G E (Challenge Historic Assumptions Nobly Generating Efficiencies) means the tracking and reporting of primary indicators for each correctional facility separated into four major reporting categories. These categories are Security, Administration, Programs, and Health

Complaint means a written expression of dissatisfaction, distress, concern or displeasure

Coordinator of the Inmate Remedy System, herein referred to as "Coordinator" means the staff member(s) appointed by the correctional facility Administrator, who is responsible for processing the Inmate Remedy System Forms. The coordinator will be at the level of Executive Assistant or equivalent

Disability, per the New Jersey Law Against Discrimination means any physical or mental impairment such as physical disability, infirmity, malformation or disfigurement which is caused by bodily injury, birth defect or illness including epilepsy and other seizure disorders, and which shall include, but not be limited to, any degree of paralysis, amputation, lack of physical coordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment or physical reliance on a service or guide dog, wheelchair, or other remedial appliance or device, or any mental, psychological or developmental disability resulting from anatomical, psychological or physiological or neurological conditions which prevents the normal exercise of any bodily or mental functions or is demonstrable, medically or psychologically, by accepted clinical or laboratory diagnostic techniques. Disability shall also mean AIDS or HIV infection

Grievance means a circumstance or action thought to be unjust and grounds for complaint

The Inmate Remedy System means the comprehensive system through which an inmate may initially and formally submit an Inmate Inquiry Form to obtain information, and an Inmate Grievance Form to present issues, concerns, complaints in writing to the correctional facility staff. The Inmate Remedy System also includes an "Administrative Appeal" through which inmates are

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encouraged to formally appeal to the Administrator or designee the decision or finding rendered by correctional facility staff in regard to the Inmate Grievance Form that was previously presented by the inmate. The comprehensive Inmate Remedy System consists of

- 1 An Inmate Inquiry Form,
- 2 An Inmate Grievance Form, and
- 3 An "Administrative Appeal"

Inmate Remedy System Folder means the folder that will be initiated by the Institutional Remedy Coordinator for each inmate when a "request" for forms and other information is issued by Department of Corrections, approved organization/department and/or the Office of the Attorney General

Inmate Grievance Form means the multi-purpose form which includes an administrative appeal that is available to inmates to address complaints and or grievances

Inmate Inquiry Form means the multi-purpose form used to make routine inquiries and obtain information

New Jersey Department of Corrections or NJ DOC means that agency of the Executive Branch of the New Jersey State Government whose functions are to protect the public and provide for the custody, care, discipline, training and treatment of persons committed to the state correctional facilities

Organizational Unit means a division, correctional facility or other work unit within the NJ DOC

PREA means the Federal Prison Rape Elimination Act of 2003. This act was established to provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and provide information, resources, and recommendations and funding to protect individuals from prison rape, sexual abuse and sexual harassment. The major provisions of PREA include adherence to a zero-tolerance standard for the incidence of inmate sexual assault and rape, the development of standards for the detection, prevention, reduction and punishment of prison rape and the collection and dissemination of information on the incidence of prison rape

Religious Issue Review Committee means the committee composed of designated chaplaincy, Central Office, Deputy Attorney General and correctional facility administrative and custody staff who are authorized to review those questions of religious concern that cannot be answered by correctional facility staff. Decisions rendered by the Religious Issue Review Committee may result in NJ DOC departmental policy that will be applicable to all correctional facilities

Reviewing Authority means the correctional facility Administrator or appropriate administrative designee (Asst Superintendent or above) responsible for ensuring that the *Inmate Remedy System* is in compliance with policy

Staff Response Form (IRSF 102) means the form that is to be used when more space is needed for a written response to either the inquiry or grievance form, to notify an inmate of an approved extension, or provide written response from a verbal communication between staff and inmate

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Inmate Redirection Form means the form that is to be used to re-direct or provide information to inmates when they should be using a more appropriate form other than the *Inmate Remedy System Form* or action in accordance with other correctional facility and NJ DOC standards, policies and/or procedures

Staff Responder means the staff member(s) who has an expertise in a specific area and is designated to complete the response to the Inmate Remedy System Form

Urgent Request means a request presented by the inmate on an Inmate Remedy System Form in which the inmate expresses in writing a need for prompt action or response based upon compelling, emergent or serious circumstance, state, condition or fact associated with the request

III. POLICY

The NJ DOC has mandated that inmates are provided a departmentally-approved procedure to address concerns and for resolution of grievances. To accomplish this, the NJ DOC has implemented a multi-level *Inmate Remedy System*. This process is designed to allow all inmates access to appropriate correctional facility administration in order to obtain information and for the review and potential resolution of grievances. The system is designed to provide a confidential route for inmates to make routine inquiries, to make the administration aware of issues that may exist within the correctional facility, and provide a method for positive interaction between staff and the inmate population. This process also provides correctional facility staff, senior administration and the Office of the Attorney General with a specific, written mechanism to track employee responses.

All inmates are required to use the *Inmate Grievance Form* as the first step to request ADA accommodations. After filing a request for ADA accommodations, should the Department of Corrections fail, in the inmate's opinion, to meet his/her ADA accommodation needs or has acted in a way that is prohibited by the ADA, the inmate may then file an ADA grievance in accordance with N J A C 10A 1-3. All ADA grievances should be filed utilizing Form 100, *Americans with Disabilities Act Grievance Form*.

Inmates are required to utilize and exhaust the *Inmate Remedy System* before applying to the courts for relief.

It should be noted that use of the *Inmate Remedy System* does not constitute substantial compliance with tort claim requirements of the State of New Jersey.

In accordance with the Prison Rape Elimination Act of 2003, inmates may use the inmate remedy system as one means to report an allegation of sexual abuse. All Remedy Forms filed that are related to sexual abuse are to be immediately forwarded to SID and the facility Administrator. A third party can file a remedy form on behalf of an inmate when there is an allegation of sexual assault.

No individual shall be coerced, punished or suffer any reprisal, retaliation, or retribution as a direct or indirect result of filing an Inmate Inquiry Form or Inmate Grievance Form as set forth in this policy. A finding of guilt to such an incident shall be subject to appropriate action.

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IV. PROCEDURES

A. Staff Procedures and Responsibilities for Inmate Grievance Form:

- 1 The Reviewing Authority shall ensure the following is accomplished
 - a Each correctional facility shall develop Level 3 Internal Management Procedures for handling the *Inmate Remedy System Forms*
 - b The correctional facility Reviewing Authority shall review the employee response printout at the end of each month and take action to ensure staff responses are made in the proper time frames for the Inmate Grievance Forms
- 2 Correctional facility department heads/supervisors or designated staff persons are to ensure the following is accomplished
 - a Correctional facility personnel respond to the Inmate Remedy System Forms within the required time frames
 - b In the event of staff shortages due to such factors as illness or vacation, supervisors shall monitor and/or re-distribute the Inmate Remedy System Forms to other staff to facilitate a timely response
- 3 The correctional facility's department head/supervisor or designated staff person shall ensure the following when responding to the *Inmate Remedy System Forms*
 - a Inmate Inquiry Forms must be responded to within 15 calendar days from the date the form is forwarded to the appropriate staff person
 - b Inmate Grievance Forms must be responded to within 30 calendar days from the date the form is forwarded to the appropriate staff person
 - c Matters requiring extensive research and documentation may require a longer period for response. In cases of this type, the period of time for action by the reviewing official(s) may be extended for a specified period if findings indicate that the initial period is insufficient to make an appropriate decision. This extension shall be communicated in writing to the inmate who has submitted the *Inmate Grievance Form* and the Coordinator using the DOC Staff Response form. Extensions exceeding 90 days require review by an Associate Administrator or above
 - d Inmate Grievance Forms designated "Urgent" by the Remedy Coordinator must be responded to within 5 working days from the date the request is forwarded to the appropriate staff person. Matters that affect the safety, security or orderly operations of the facility or threaten the safety of staff and/or inmates should immediately be brought to the attention of the facility Administrator
 - e The proper response is completed within the designated "Response" section. The response should be informative and provide a complete answer to the question or

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concern raised by the inmate. If that space is not sufficient the staff member must use the *Staff Response Form* to complete the answer.

- f. In instances where the correctional facility's department head/supervisor or designated staff person believes the inmate's request/concern can best be addressed in person, an interview with the inmate should be scheduled and so indicated within the designated "Response" section of the appropriate *Inmate Grievance Form*.
 - g. Only the *Inmate Grievance Form* will then be forwarded to the appropriate Reviewing Authority for review and approval.
4. Inmate Remedy System Forms
- a. Supplies of the *Inmate Remedy System Forms* will be available within the correctional facility housing units, the inmate law library, and hand carried by the social services staff during housing unit visits and interviews. Social worker(s) are permitted to assist the inmate in completing the form if the inmate cannot do so.
 - b. Correctional facilities are to ensure that all departments within that correctional facility have adequate supplies of all necessary forms. All required forms are available from DEPTCOR, and are not to be reproduced by individual correctional facilities without permission of the Division of Operations.
 - c. Other related form(s) i.e. *Inmate Redirection Forms* and *Assessment and Evaluation Forms* and data programs may be in the NJ DOC-controlled computer system folder. These forms may be printed and/or reviewed, but may not be modified by the institution.

B. Specific Guidelines for Submitting *Inmate Remedy System Forms*:

- 1. For an *Inmate Remedy System Form* to be processed it must be placed into the correctional facility box marked INMATE REMEDY SYSTEM FORMS ONLY. *Inmate Remedy System Forms* will be picked-up daily, with the exception of weekends, holidays, and during emergency situations. If an *Inmate Remedy System Form* is deposited into any other box or forwarded through any other means, the form will not be processed.
- 2. When an *Inmate Remedy System Form* is incorrectly used or submitted by the inmate, the coordinator who received the form shall return it with an attached *Inmate Redirection Form* indicating why the form was submitted incorrectly.
- 3. Inmates shall not address an *Inmate Remedy System Form* to any specific person. The correctional facility Coordinator will direct the request to the appropriate person or department to answer the request.
- 4. Inmates shall not write in any of the shaded areas. These are areas designated for completion by NJ DOC staff.

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- 5 Inmates are not to submit multiple requests regarding the same subject. Two or more inmates may not jointly file an Inmate Remedy System Form.
- 6 Under no circumstances will another inmate complete or deposit another inmate's form(s) in the Inmate Remedy System Box. If assistance is required, the inmate must contact his/her unit Social Worker.
- 7 Inmates shall not attempt to hand-deliver the form to staff persons, unless the inmate's custody status requires this to be done. For example, the inmate is in close custody housing or a medical condition prevents the inmate from using the Inmate Remedy System box.
- 8 If the inmate requires additional space to outline the complaint, concern, question, problem and/or grievance, the inmate may attach additional page(s) to the form. The inmate may also submit additional documentation to support his/her position. Inmates must ensure that all copies of the supporting documentation are clearly readable. Pen or typewriting is preferred. However, pencils may be used if all copies are legible.
- 9 The *Inmate Remedy System Form* may not be utilized to re-address a previously answered complaint or question where the circumstances have not changed, matters currently in litigation, or to circumvent established correctional facility or departmental procedures.
- 10 If an inmate is unable to resolve his concern and/or complaint or believes he/she has not received an adequate response to the inmate inquiry form, he/she may file an inmate grievance form.

C. Completing the *Inmate Remedy Form*:

- 1 The inmate must write his/her name, SBI number, institution, housing unit (NOT BED NUMBER) and date on the *Inmate Remedy Form*.
- 2 The inmate shall write his/her question or grievance on Part 1 of the *Inmate Remedy Form*. Part 1 must include a specific summary of the issue to include details related to the incident or event, dates and individuals involved. Supportive documents or other information may be attached to clarify the *Inmate Remedy Form*. The form is a multi-part form and it must be submitted intact. The white and yellow colored pages of the form must not be separated. The pink colored page is to be retained by the inmate once Part 1 has been completed.
- 3 Only one (1) *Inmate Remedy Form* shall be used for each specific grievance or question to be addressed. Forms that list multiple questions/concerns or do not contain enough information will be considered incomplete, will not be processed, and will be returned to the inmate who has submitted the form.
- 4 If the *Inmate Grievance Form* was not responded to or returned to the inmate in the established response time frame of 30 days for a routine *Inmate Grievance Form*, the

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inmate may submit another *Inmate Grievance Form* noting the date the original form was submitted

- 5 If an Inmate Inquiry Form is not responded to or returned to the inmate in the established response time frame of 15 days, the inmate may submit an inmate grievance form. Inmates filing an Inmate Grievance Form due to a lack of response to an Inmate Inquiry Form should include a copy of any/all completed Inmate Inquiry Form(s) that were filed.
- 6 Inmates housed in a Closed Custody Unit or Medical/Infirmary Unit will provide the Inmate Remedy Form to the facility social worker assigned to tour the unit.

D. Coordinator and Reviewer Responsibilities for the Inmate Remedy Forms:

- 1 The Coordinator or designee shall collect all *Inmate Remedy System Forms* on a daily basis (except for weekend, holidays and other emergencies) from the *Inmate Remedy System Box* located in a central location(s) within the correctional facility.
- 2 Inmate Remedy Forms generated at satellite units will be picked-up from a central location by the correctional facility Coordinator, or staff as assigned.
- 3 *Inmate Inquiry Forms* will not contain a tracking number and will not be logged into a database. *Inmate Grievance Forms* will be logged and tracked through the entire process.
- 4 If during review of an Inmate Inquiry Form, the Coordinator determines that the matter is more appropriate for an Inmate Grievance Form, the coordinator shall attach the inmate inquiry form to an Inmate Grievance Form and process the form in accordance with the Inmate Grievance Form procedures.
- 5 The Coordinator/designee will track only the *Inmate Grievance Form* from the date it is received through the date it is delivered to the mailroom for return to the inmate and appropriate correctional facility staff member.
- 6 The Coordinator/designee will provide the Administrator and Associate Administrator with the monthly report based upon the previous month's data. This report will provide total number and percentages of grievances received and responses recorded, identify any department or individual not responding within the allotted time frame, and note any significant change in the number of requests received by a correctional facility department, or individual. If requested by the Administrator, this information may also be presented at the correctional facility monthly staff meeting.
- 7 Once Inmate Grievance Forms are collected, the following information must be recorded on the Inmate Grievance Form and database:
 - a *Inmate Grievance Form* In the "Received By" area, the Coordinator shall use their initials, date of receipt, and identify the main subject of the request. Also note if the matter is of an urgent nature, issue the eight (8) digit case number, identify the

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correctional facility department or individual designated to respond, and indicate the date forwarded

- b Medical All Grievance Forms relating to a health care issue/concern are to be forwarded to the available NJDOC Health Services Unit Representative
 - c Database case number, inmate's last name and SBI and booking number, correctional facility department or staff person responsible for response, subject of request, date forwarded to correctional facility department or staff person Upon completion, date returned to Coordinator
- 8 Once the information is entered into the database, the Coordinator will print an auto generated notification and forward it to the inmate for verification that his Inmate Grievance Form was received and processed
- 9 The Reviewing Authority is responsible to ensure the following for Grievance Forms Only
- a Approve the response or refer the form back to the staff person who provided the response for additional information or further clarification, if required If the response is appropriate as written, the form will then be signed, and the date it was reviewed will be placed in the appropriate area It should be noted that the signature of the Reviewing Authority for requests regarding parole, medical, dental or psychology issues does not indicate endorsement of the accuracy of the response unless for in the case of health services requests the Reviewing Authority, is a trained physician or nurse Rather, the signature indicates that a response has been provided by the medical staff or NJ State Parole Board for administrative recordkeeping purposes
 - b If at any level the response is not correct or needs additional information, the *Inmate Grievance Form* will be returned to the staff person who answered the request That staff person shall complete a *Staff Response Form*, attaching any documents to support the new information supplied Only DOC staff will use the *Staff Response Form* The *Staff Response Form* shall be completed as follows
 - i The case number, inmate's name, SBI number and housing unit from the original request shall be written in the appropriate areas of the *Staff Response Form* The staff responder shall complete the additional information and then place his/her signature and title on each form completed
 - ii Upon completion of the above, if the reviewing authority determines that the response is too technical, an in-person meeting will be scheduled with the inmate, staff responder and reviewing authority to discuss the written response At the completion of the interview, the staff responder shall document that the meeting took place and the outcome of that meeting If the inmate is dissatisfied with the response provided during the meeting, the inmate has the option to file an appeal in accordance with this procedure

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- iii Once the reply is approved, the reviewing authority will sign and date the *Inmate Grievance Form* and, if required, *Staff Response Form* in the appropriate areas, and return the forms to the Coordinator for final processing
 - c Upon return of the original *Inmate Grievance Form* (including attachments), the Coordinator, or designee, will complete an overview of the form(s) to ensure the proper areas have been completed by the responding staff person(s)
 - d Annotate in the appropriate area, the date the *Inmate Grievance Form* was returned, the number of pages and attachments used, ensure appropriate information is recorded into the database, and distribute the *Inmate Grievance Form* and attachments as designated (NOTE All original attachments from the inmates and staff shall be attached to the inmate's copy)
- 10 Remedy Appeal Process
- a Inmates may appeal a staff response using the *Inmate Grievance Form*
 - b After the form has been returned to the inmate, if he/she is dissatisfied with the response, he/she may file an appeal by completing Part 4 on the yellow colored copy within 10 days of receipt of the response
 - c The inmate must re-deposit the originally-answered *Inmate Grievance Form* in the box marked "INMATE REMEDY SYSTEM FORMS ONLY"
 - d The Coordinator shall forward the appeal to the Administrator or Administrative designee after logging the date the appeal was returned on the form and into the database The Administrator or administrative designee has 10 working days to answer the appeal, excluding weekends and holidays Once the appeal is returned to the Coordinator, he/she will make a copy of the form for filing and return the inmate's original yellow colored copy with the appeal response
 - e The decision or finding of the Administrator or designee to the Administrative Appeal is the final level of review and decision or finding of the New Jersey Department of Corrections
- 11 Processing of Recorded *Inmate Grievance Form*
- a Only properly detailed and submitted complaints recorded on the *Inmate Grievance Form*, as determined by the Coordinator, will be processed The inmate is to complete Part 1 of the form and may attach additional pages or supportive documentation if necessary The complaint shall be processed under the following constraints
 - i Inmates must submit a written form within ten (10) days of the date the incident/ issue of complaint occurred, unless it is not possible to file within such period
 - ii When the grievance is of an urgent nature and threatens the inmate's immediate health or welfare, the Coordinator will mark the form as "Urgent" and a reply or

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corrective action must be addressed within five (5) working days of receipt of the complaint. Matters that affect the safety, security and orderly operations of the facility or threaten the safety of staff and/or inmates should immediately be brought to the attention of the facility Administrator.

- iii The Coordinator is solely responsible for processing the Inmate Grievance Form. Upon receipt, the Coordinator shall complete Part 2, which includes, designating the appropriate department or staff person for referral, determining the subject of the complaint, and issuing an eight digit case number. The Coordinator shall then forward the form to the appropriate department or staff person for investigation. All Remedy System Forms relating to a medical issue/concern are to be forwarded to the NJDOC Health Services Unit Representative.
- b After investigating the issue and determining an appropriate course of action or response, Part 3, *Staff Response Area* shall be completed, signed by the staff responder, and approved and signed by the Reviewing Authority. The response will be made as quickly as possible, be based upon facts that pertain specifically to the issue, deal only with the issue raised, and not include extraneous material. The form will then be returned to the Coordinator.
- c The Coordinator will log in receipt of the form, as well as in the database, and review the form for completeness. The Coordinator will retain the original form. The yellow colored copy will be forwarded to the inmate who has submitted the *Inmate Grievance Form*.
- d The Inmate Grievance Form Database will notify the Coordinator when an inmate with pending Inmate Grievance Form(s) has been inter-institutionally transferred. It is the responsibility of the sending and receiving institution's coordinators to ensure the inmate receives a completed Inmate Grievance Form.

12 Distribution of *Inmate Grievance Forms*

- a *Inmate Grievance Forms* shall be hand-delivered by the Coordinator or designee to the appropriate person/ party.
 - i Administrator, Classification, Parole, Mental Health, Social Services, Mailroom, Medical Department (which includes Medical, Dental and Medical Ombudsperson) and the Business Office. *Inmate Grievance System Forms* for the Associate Administrator, Majors and Assistant Superintendents will be hand delivered to the Administrator's office and deposited into the administrative mailboxes, if available. (NOTE: hand-delivery is exempt if the intended recipient has a lockable/secure individual or department mailbox and only the Coordinator will deposit the form(s)).
 - ii *Inmate Grievance Forms* designated for all other staff are to be placed into inter-office envelopes and forwarded to the mailroom for distribution.
 - iii All forms marked "URGENT" will be hand-delivered as directed by the Coordinator.

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E. Retention schedule for the *Inmate Remedy System Forms* and other related computerized data:

- 1 The Coordinator's office will maintain all computer software (diskettes, CDs, etc) Original *Inmate Remedy System Forms* to include all attachments will be filed in alphabetical order by month and year for a minimum of four (4) years
- 2 Once a "request" for forms and other information is issued by Department of Corrections, approved organization/departments and the Office of the Attorney General the Coordinator will confirm that the inmate's name, SBI number is correct and insure the reason for the hold, name of requesting authority, case number or other reference information is within the centralized NJ DOC Hold database The Coordinator will then research the NJ DOC centralized *Inmate Remedy System Data Program* and gather all information relative to that inmate All forms to include forms that are located in other facilities will be copied and entered into the Remedy Folder Once the folder has the copied forms, the folder will be sent to the facilities litigation monitor for further processing and final distribution
- 3 All data will be stored in accordance with NJDOC policy in a database that can be queried
- 4 The *Inmate Redirection form* will also be used by the Coordinator or other designated staff member to re-direct an inmate to a more appropriate form or procedure that would better assist the inmate when requesting information on a first time basis The corresponding paragraph number(s) of the Redirection Form must be placed in Part 2 of the *Inmate Remedy System form*, then the *Inmate Remedy Systems form* along with the *Inmate Redirection form* will be returned to the sending inmate

Note If the Coordinator issued a case number on an Inmate Grievance form, an *Inmate Redirection Form* cannot be used

F. Inmate notification of the *Inmate Remedy System*

All inmates shall be advised of their responsibility within the *Inmate Remedy System* by correctional facility memorandum issued by the Administrator or designee This directive must be posted within each housing unit, law library, and contained within the *Inmate Handbook* It also must be presented during the Inmate Orientation Program

If any correctional facility staff member receives any correspondence from an inmate, via the US mail, regular or certified, internal mail or by any other written correspondence that does not include a safety or security issue, the correspondence will be returned to the inmate using the *Inmate Redirection Form*

If the correspondence does relate to a safety or security issue, the staff person MUST hand deliver the information to their correctional facility department supervisor or a custody supervisor (of the rank of Sergeant or above) The supervisor will follow NJ DOC policy and procedure in relation to the contents of the letter A copy of the correspondence shall also be forwarded to the Coordinator for filing The original document will become part of an official confidential investigation

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G Abuse of the Inmate Remedy System:

Inmates who abuse or misuse the *Inmate Remedy System* may be subject to disciplinary action. Examples of abuse include, but are not limited to, the following actions:

- 1 Multiple requests submitted regarding the same subject
- 2 Follow-up requests submitted prior to the expiration of the established response time frames
- 3 Requests that are, by tone or language, abusive or offensive in nature
- 4 Destruction, misuse of, or tampering with forms

As to a and b, disciplinary action will only be initiated in extreme cases and must be approved by the Administrator.

H. Operational assessment of the *Inmate Grievance System*

Operational assessment will be the responsibility of the Division of Operations. Inmate Remedy System data will be recorded on the CHANGE report by the facility IRS Coordinator. The Facility IRS Coordinator will utilize four categories to input specific data pertaining to the Inmate Remedy System. On a daily basis, the IRS Coordinator will be required to input the number of IRFs received to be logged into the IRS database and the number of IGFs to be logged out of the database and returned to the inmate. Any IRS Coordinator with an Administrative Close Supervision Unit on site will be required to input the same data for inmates housed in this unit. These indicators will be measured and analyzed by NJDOC staff on a monthly and annual basis to ensure that the Inmate Remedy System is operating in the most efficient and effective manner possible.

On a quarterly basis, the Administrators and Directors will meet to discuss the data provided, target areas requiring improvement and implement procedures to enhance compliance. This meeting will also address the Reviewing Authority's performance in the regular monitoring of the Inmate Remedy System. All findings will be formally reported to the Office of the Deputy Commissioner.

I. Responses to Religious Questions:

When questions of a religious nature are presented that are outside the scope of the correctional facility chaplain or administration, the correctional facility chaplain shall confer with the Administrator, and the question shall be referred by the Administrator to the Religious Issue Review Committee.

Questions of a religious nature that are referred to the Religious Issue Review Committee for resolution shall automatically be granted an extension of response time to permit the committee to meet and consider the question or problem. The correctional facility chaplain shall complete the NJ DOC *Staff Response Form* stating the reason for delay, then forward that form to the correctional facility Coordinator for processing.

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J. Processing American Disabilities Act (ADA) Grievance Forms:

All inmate requests for ADA accommodations shall be submitted utilizing the Inmate Grievance Form. Once received, the form requesting ADA accommodations shall be handled in accordance with this procedure. The ADA Liaison shall be responsible for addressing the concerns listed on the Inmate Grievance form, and maintain a file of all requests and related documentation. If an inmate's request for ADA accommodations is NOT satisfied at the institutional level through the Inmate Remedy System, the inmate may submit a NJDOC Form 100, *Americans with Disabilities Act Grievance Form* to the NJDOC ADA Coordinator, in accordance with N J A C 10A 1-3.

K. Coordination of Translated Forms:

If the Inmate Remedy Coordinator receives an *Inmate Inquiry Form and/or Grievance Form* that is written in a language other than English, it shall be forwarded to Social Services to make every attempt to coordinate the translation of the question/concern. Once translated, the question/concern will be returned to the Inmate Remedy Coordinator to forward to the appropriate staff for response. The Inmate Remedy Coordinator shall provide the response to Social Services for translation. Once translated, the response shall be forwarded to the Inmate Remedy Coordinator for log out and return to the inmate. The Social Services representative will complete the NJ DOC *Staff Response Form* indicating the steps taken to obtain the proper response and provide a written overview of the question and the response given. This procedure is also to be used if the inmate requires staff assistance to complete an *Inmate Inquiry Form and/or Grievance Form*. In both cases, the NJ DOC *Staff Response Form* shall then be attached to the original *Inmate Inquiry Form and/or Grievance Form* and returned to the correctional facility Coordinator.

L. Processing of Remedy Forms under the Prison Rape Elimination Act of 2003 (PREA):

No time limits will be imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse or when an inmate is subject to a substantial risk of imminent sexual abuse.

All grievance forms involving allegations of sexual abuse or risk of sexual abuse will be immediately forwarded to SID for investigation and notification will be made to the facility Administrator.

Grievances submitted alleging sexual abuse will not be referred to a staff member for response who is the subject of the complaint.

A final decision on the merits of a grievance alleging sexual abuse must be issued within 90 days of the initial filing of the grievance. Computation of the 90 day time period shall not include time consumed by inmates in preparing any administrative appeal. An extension of 70 days may be granted, with approval of the Administrator, if the normal time period is insufficient to make an appropriate decision. If the inmate does not receive a response within the timeframes indicated, including any properly noticed extension, the inmate may consider the absence of a response to be a denial.

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After receiving an Inmate Remedy Form alleging an inmate is subject to a substantial risk of imminent sexual abuse, the grievance shall be immediately forwarded to SID for immediate corrective action with a copy to the facility Administrator. An initial response will be provided within 48 hours and a final decision will be issued within 5 calendar days. The initial response and final decision shall document the determination whether the inmate is in substantial risk of imminent sexual abuse and what actions were taken in response to the grievance.

SID will forward the findings from grievances that allege sexual assault back to the institutional Inmate Remedy System Coordinator within the required time frames. The coordinator will provide forward a response to the inmate.

Under the PREA law, third parties, including fellow inmates, staff members, family members, attorneys and outside advocates will be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and will be permitted to file a Remedy Form on behalf of the inmate.