

INMATE GRIEVANCE

Inmate's Name: _____ NMCD#: _____ Grievance File #: _____

Institution: _____ Housing Unit: _____ Date of Incident: _____

Date Received by Grievance Officer: _____

Grievance Officer's Signature: _____

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read policy/procedure *CD-150500* before filing a grievance. Your grievance must be typed or clearly written so as to be readable after photocopying. The grievance must be filed with the Institutional Grievance Officer to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

STEP 1 - Grievance: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

Inmate's Signature: _____ Date: _____

Relief Requested:

STEP 2 - To Be Completed by the Grievance Officer:

- A. Your grievance is **accepted** for consideration.
- B. Your grievance is **being returned** to you because of the following reason:
 - 1. The grievance is not readable.
 - 2. The matter has been answered in previous grievance #: _____
 - 3. The grievance concerns material not grievous under present policy.
 - 4. The grievance is a group grievance or petition. (Submit individually.)
 - 5. The grievance is not timely.
 - 6. Other Specify: _____

Grievance Officer's Signature: _____ Date: _____

INMATE GRIEVANCE
(continued)

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Grievance File #: _____

STEP 3 – Grievance Investigation and Recommendation:

Grievance Officer's Signature

Date

STEP 4 – Decision of Warden/Designee:

Denied () Granted () Dismissed () Resolved () Referred ()

Signature: _____ Date: _____

Date Returned to Inmate: _____

STEP 5 – Departmental Appeal: (Return grievance to Grievance Officer for processing.)

A. Reason for appeal:

Inmate's Signature: _____ Date: _____

Date Received By Grievance Officer: _____

Date Sent to Grievance Coordinator: _____

B. Department Decision:

Cabinet Secretary/Designee

Date:

Inmate 2-Day Notice of Receipt of Grievance

Inmate's Name: _____ NMCD#: _____

Grievance File #: _____ Facility: _____ HU: _____ Cell: _____

RE: _____ Issue is under Review: Yes () No ()

Date Formal Grievance Received: _____ Date Notice of Receipt Sent: _____

Inmate 2-Day Notice of Receipt of Grievance

Inmate's Name: _____ NMCD#: _____

Grievance File #: _____ Facility: _____ HU: _____ Cell: _____

RE: _____ Issue is under Review: Yes () No ()

Date Formal Grievance Received: _____ Date Notice of Receipt Sent: _____

Inmate 2-Day Notice of Receipt of Grievance

Inmate's Name: _____ NMCD#: _____

Grievance File #: _____ Facility: _____ HU: _____ Cell: _____

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Inmate 2-Day Notice of Receipt of Grievance

Inmate's Name: _____ NMCD#: _____

Grievance File #: _____ Facility: _____ HU: _____ Cell: _____

RE: _____ Issue is under Review: Yes () No ()

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Inmate 2-Day Notice of Receipt of Grievance

Inmate's Name: _____ NMCD#: _____

Grievance File #: _____ Facility: _____ HU: _____ Cell: _____

RE: _____ Issue is under Review: Yes () No ()

Date Formal Grievance Received: _____ Date Notice of Receipt Sent: _____

**NEW MEXICO
CORRECTIONS DEPARTMENT
INMATE INFORMAL COMPLAINT**

Inmate Name: _____ NMCD#: _____

Facility: _____ HU/Cell #: _____

Name of subject or person to whom the complaint was filed against: _____

Explain your complaint in detail: _____

Inmate Signature: _____ Date: _____

.....
Reviewing Staff Member

I, _____ have reviewed the above informal complaint and

Recommend: () Resolution () Recommend formal grievance

Explain: _____

Staff Signature: _____ Date: _____

.....
This informal complaint has been resolved as acknowledged by the signatures below:

Reviewer's Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____

Inmate Signature: _____ Date: _____

If this informal complaint could not be resolved, the inmate may pursue a formal grievance.

Attach this document to the Formal Grievance.