

request for an appeal of a Disciplinary Disposition or to file a grievance.

RM: 1

NUMBER _____

RHODE ISLAND DEPARTMENT OF CORRECTIONS
REQUEST FOR RESOLUTION OF GRIEVANCE

INSTRUCTIONS

Type or use ballpoint pen. If more space is needed, use attachment sheet in quadruplicate

TO: _____ Associate Director of Institution
_____ Warden

FROM: -----
Last Name, First, Middle Initial I. D. #Institution

PART A - INMATE REQUEST

Date Signature of Requestor

Date Received: _____ Signature, Grievance
Coordinator

PART B - RESPONSE

Date Received Signature - Associate Director
Warden

Date Associate Director - Warden

GRIEVANCE PROCEDURE
INVESTIGATOR'S REPORT

INSTRUCTIONS:

This form is provided to facilitate your investigation of the Grievance you have been assigned. As stated in the policy, your job is to determine the validity of the grievance in light of facts, discrepancies, disparities in dispositions and/or other pertinent information. Specifically, you will review files and memoranda, interview any witnesses or other persons who may be able to reveal relative information. In cases where a specific department is referred to in the complaint always interview the department head involved and include his/her comments. Finally, you will make conclusions based on your findings and prepare a draft response which will be submitted to the person to which the grievance is directed for his review. The time limit for response is five (5) working days, exclusive of weekends and holidays.

1. Date of Grievance: _____

2. Date of Incident: _____

3. Does the grievance pertain to a complaint against a specific staff member? _____ If so, you will notify a Union Representative immediately for his/her assistance in the investigation.

4. Witnesses and/or other parties who can provide information:

a) Name: _____

His/Her comments relative to the complaint: _____

b) Name: _____

His/Her comments relative to the complaint: _____

c) Name: _____

His/Her comments relative to the complaint: _____

- Associate Director RHODE ISLAND DEPARTMENT OF CORRECTIONS
- Warden
- Assistant Director GRIEVANCE PROCEDURE
- Director

MONTHLY LOG

/_____
Month Year

Number Day Rec'd. Name & I.D. Number Institution. Subject

<General Materials (GM) - References, Annotations, or Tables>

RI ADC 06 070 002
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