



P.O. Box 8707
Pine Bluff, Arkansas 71611-8707
Phone: (870) 267-6999
Fax: (870) 267-6258
www.state.ar.us/doc

Arkansas Department of Correction

ADMINISTRATIVE DIRECTIVE

IV G

SUBJECT: Inmate Grievance Procedure

NUMBER: 04-01

SUPERSEDES: AD 97-08

APPLICABILITY: All employees and inmates

PAGE: 1 of 14

REFERENCE: AR 835: Grievance Procedure for Offenders

APPROVED:

EFFECTIVE DATE: 2-1-04

I. POLICY:

It is the policy of the Arkansas Department of Correction to provide inmates in its custody an administrative mechanism for the resolution of complaints, needs and other problems.

II. EXPLANATION:

A grievance procedure is an administrative means for the expression and resolution of inmate problems and complaints. The mechanism is designed to solve the problem at the lowest level, as immediately as feasible, and in a manner that is fair, reasonable and consistent with the Department of Correction's mission.

The administrative mechanism for the resolution of complaints and identification of problem areas is intended to supplement but not replace the information communication process between staff and inmates.

III. DEFINITIONS:

A. Grievance -- a written complaint by an inmate on the inmate's own behalf regarding: (Note: an inmate cannot grieve on behalf of another inmate)

1. A policy applicable within his or her unit/center of assignment that personally affects the inmate;

2. A condition in the facility that personally affects the inmate;
 3. An action involving an inmate(s) of his or her facility that personally affects the inmate;
 4. An action of an employee(s) of his or her facility that personally affects the inmate;
 5. An incident occurring within his or her facility that personally affects the inmate.
- B. Warden – the Warden or Center Supervisor of the facility or designee.
- C. Working Days – Monday through Friday, excluding state observed holidays.
- D. Emergency – a problem, that if not immediately addressed, subjects the inmate to a substantial risk of personal injury or other serious and irreparable harm or has dire consequences for the good order of the institution.
- E. Non-Grievable Matters – matters that are not grievable and include the following:
1. Parole matters;
 2. Release matters;
 3. Transfer matters;
 4. Disciplinary matters;
 5. State and Federal case law, laws or regulations;
 6. Anticipated events (i.e. scheduled events or activities which may occur in the future);
 7. Matters beyond the control of the Department of Correction;
 8. Requests for disciplinary action against employees;
 9. Claims for monetary damages;

Retaliation claims, even if related to an issue referenced above, are grievable. Requests that disciplinary action be taken or claims for monetary damages are not remedies that are available through the Inmate Grievance Procedure.

- F. Problem-Solving Staff - staff designated at each facility to serve as a contact for resolution of a problem or complaint.

A list of these individuals will be posted in each housing unit.

- G. Medical Department - Medical Unit Manager or designee.

IV. PROCEDURES:

The inmate grievance procedure is an internal administrative means for the resolution of complaints and the identification of potentially problematic management areas; however, it does not replace the informal communication process. Prior to filing a grievance, inmates must first attempt to resolve the complaint informally.

This procedure consists of two separate forms: the Informal Resolution Form (see Attachment D) and the Grievance Form (see Attachment IA).

- A. Adoption of Procedure

When adopting changes to this procedure, proposed changes shall be posted in prominent locations (to include employee and inmate bulletin boards) throughout the institution at least 30 days prior to the adoption of the procedure/changes. All comments shall be considered prior to adoption of the changes and shall be kept as part of the appropriate policy file documentation.

- B. Communication of Procedure

1. Written notification of the Inmate Grievance Procedure will be distributed to both inmates and employees. In addition, arriving inmates and new employees will have an opportunity to ask questions about the procedure and have them answered orally. The person coordinating the procedure for each facility will post copies of a memorandum that advises inmates who have difficulty in understanding the procedure to contact the appropriate staff for assistance.
2. If an inmate has a disability affecting communication or is not fluent in the English language, interpretive or explanatory services will be made available.
3. All employees at the facility level shall receive training by designated staff in the skills necessary to assist or participate in the inmate grievance procedure.

C. Accessibility

Any inmate shall be entitled to utilize this procedure regardless of their security status, custody level, job classification, disciplinary status or administrative/legislative decisions affecting the inmate.

1. Copies of this policy shall be available for examination in institution's Law Library.
2. The forms shall be readily available to any inmate in any housing area at any time.
3. Inmates may request one copy of their grievance from the facility grievance staff upon presenting a completed Section 1983 lawsuit or Claims Commission claim. The Inmate also needs to give the Grievance Number for the particular Grievance in which he/she is requesting.

D. Completion of Forms

1. Inmates who have difficulty completing the grievance forms should request assistance from staff.
2. Both Informal Resolution Forms and Grievance Forms filed should only address one problem/issue and not multiple problems/issues. If an inmates wishes to present several issues, he or she must do so on separate forms.
3. If the inmate is legally using a name other than the name under which he or she was committed to the Arkansas Department of Correction, both the legal and commitment names shall be used when completing the forms. Inmates who fail to do so may receive their forms back with a request to follow these directions.
4. All forms should be filled out in black or blue ink. Those written in pencil may be accepted from inmates whose security status does not allow access to ink pens. Highlighters should not be used as they do not photocopy clearly.
5. If an Informal Resolution or Grievance Form is received in an unsanitary condition, that form shall be photographed and logged as such and/or held for evidence for appropriate disciplinary action against the inmate. Also, all inmates should not use tape on the grievance form.

E. Steps of the Informal Resolution Procedure

Inmates are required to attempt informal resolution of problems/complaints prior to filing a grievance.

1. Informal Resolution Forms (see Attachment I) must be filed within 15 days after the occurrence of the incident.
2. Completed Informal Resolution Forms (see Attachment I) shall be given directly to the designated problem-solving staff.
3. On the Informal Resolution Form (see Attachment I) and only in the space provided, the inmate should write a brief statement that is specific as to the substance of the complaint to include the date, place, personnel involved or witnesses, and how the policy or incident affected the inmate.

Additional sheets cannot be attached to the form and will result in the automatic rejection of the inmate's submission without any content review.

4. The Formal Resolution Form (see Attachment I) should be presented to one of the individuals whose name is posted in the housing unit as a designated problem-solver. At this time the problem-solver must sign and date the form, giving the inmate back the yellow copy as the receipt.
5. After receipt of the informal complaint, the problem-solver will meet with the inmate within three working days (immediately if emergency) to resolve the issue. An emergency situation is one in which the inmate may be subjected to a substantial risk of physical harm. It should not be declared for ordinary problems that are not of a serious nature. If the inmate believes the matter to be an emergency, he/she will mark "Yes" on the form to designate an emergency, and present the form to designated problem-solving staff or any staff. If that staff determines that an emergency situation does exist, corrective action shall be taken within twenty-four (24) hours. If no emergency is determined, the informal resolution form shall be processed within the normal time limits stated within this policy.
6. If the problem can be resolved at the informal level, the problem-solver documents the action taken on the Informal Resolution Form (see Attachment I) and then both the inmate and the problem-solver must sign and date the form.
7. If the problem cannot be resolved at the informal level, the problem-solver must still document the resolution attempt on the Informal Resolution Form (see Attachment I) and then the inmate and the problem-solver must

sign and date the form. At this time, if the inmate chooses, he/she may now proceed to the formal grievance level. The formal grievance must be filed no later than three working days after the resolution attempt.

8. Also, should the designated problem-solver not contact the inmate and attempt resolution of the complaint within the designated three working days period, the inmate may proceed to the formal grievance level due to lack of response. Again, a formal grievance must be filed no later than three working days, as stated in the paragraph above.
9. Whether or not the problem is resolved, the inmate retains the original Informal Resolution Form, a copy is retained by the designated problem-solver and a copy is forwarded to the Grievance Officer for entry into the offender tracking system if necessary.

F. Steps of the Grievance Procedure

Only after the inmate has attempted informal resolution, can he/she file a formal grievance on the Grievance Form (see Attachment IA).

1. The completed and signed original Informal Resolution Form shall be attached to the Grievance Form.
2. Completed Grievance Forms (see Attachment IA) are to be deposited in designated grievance boxes. The Grievance Officer shall collect them daily, excluding weekends and holidays.
3. On the Grievance Form (see Attachment IA) only in the space provided, the inmate should write a brief statement. This statement must be the same statement as written on the Informal Resolution Form (see Attachment I).

Additional sheets cannot be attached to the Grievance Form and will result in the automatic rejection of the inmate's submission without any content review. If new issues are described in the formal grievance that were not addressed in the attached informal complaint, the formal grievance will be rejected.

4. Upon receipt, the Grievance Officer shall assign a number to the grievance (using unit and subject codes as described in the Grievance Procedure Codes-see Attachment III), the date the grievance was received, list name, ADC number of the inmate and log sufficient information to obtain the nature of the complaint.
 - (a) All medical issues will be coded 600 by the Unit Grievance Officer. All mental health issues will be coded 630.

- (b) The Medical Department will assign specific type codes as indicated in Attachment III.
5. The Grievance Officer will note whether the grievance is medical or mental health related. If so, a standard response to the inmate will be generated utilizing the Warden/Center Supervisor's Decision (see Attachment II). These grievances will be forwarded within five days to the appropriate department for investigation and inmate response.
- (a) If the grievance is medical in nature, it is forwarded to the Unit Infirmary Manager. If he or she is a named party, the grievance will be answered by the appropriate Regional Administrator, but must be sent through the site medical department for tracking purposes.
- (b) If the grievance relates to mental health services, the coordinator of mental health services for the facility will answer the grievance. If he or she is a named party, the grievance will be answered by the Administrator of Mental Health Services at Central Office.
6. The Grievance Officer shall then transmit an Acknowledgement of the Grievance Form (see Attachment IV) signed by the Warden to the inmate within five working days after receipt. No acknowledgment is required to be sent if a written response to the grievance, signed by the Warden or his/her designee, can be provided within five working days.
7. The Inmate Grievance Worksheet (see Attachment V) shall be used by staff when investigating grievances.
8. Every inmate shall receive a written response on the form entitled Warden/Center Supervisor Decision (see Attachment II) to his or her grievance, signed by the Warden or the Warden's designee in their absence within 20 working days of receipt (or less if required in emergency situations). If the grievance has been forwarded to the medical or mental health department for a response, the response will still be completed within this same 20 working days.
9. If an inmate has not received a response to his/her Grievance within the allotted time frame as stated on the Acknowledgement Form from the Warden and/or the Extension Form from the Warden, if applicable, the inmate may move to the next level of the process (Deputy/Assistant Director's Level).

In cases where a longer period of time is required for a response or resolution of the problem, the inmate shall be so notified by the responding authority, in writing, of the reason for the delay and its

expected length on the Grievance-Extension Form (see Attachment VII). Time limits for responding may be extended automatically upon the completion of the Grievance Extension Form (Attachment VII), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the Extension, the inmate understands and agrees that, with the decision, no further action will be taken on the issue, and the grievance will be returned to the inmate without a decision on its merit. By disagreeing with the Extension, the inmate waives his or her right to have the Grievance issue considered.

Contents of the response shall:

1. State the reason for the decision, in clear, well reasoned terms;
2. Include a statement that the inmate is entitled to an appeal;
3. Include simple directions and time limits for appealing;
4. State that the Grievance:
has current merit and requires further action for solution;
has merit but has been resolved; or
has no merit.

G. Steps of the Grievance Appeal Process

If after being responded to by the Warden, the inmate is not satisfied, he or she may appeal within five working days to the appropriate Deputy/Assistant Director who will attempt to resolve the matter or assign an appropriate staff member to do so.

1. The appeal should be written on the original form in the section entitled Inmate's Appeal (see Attachment II) returned by the Warden.
2. The inmate must include the original Grievance Form (see Attachment IA), which describes the matter being grieved, as well as the Warden/Center Supervisor Decision Form (see Attachment II) and the response from medical or mental health department(s), if applicable. If not, it will be returned to the inmate with a request for proper forms.

The inmate should also sign his name, provide ADC number, date his or her appeal and state the reason for disagreeing with the Warden's decision, or it may be returned to the inmate with a request for proper information.

3. Appeals relating to health and correctional program issues go to the Deputy Director for Health and Correctional Programs.

All other grievances go the Deputy/Assistant Director for Institutions.

4. Receipt of filing shall be acknowledged in writing within five working days to the inmate by the Deputy/Assistant Director's Office (see Attachment IV). No acknowledgement is required to be sent if a written response to the grievance signed by the Deputy/Assistant Director can be provided within five working days.
5. The Deputy/Assistant Director will respond in writing to the inmate concerning the decision within 30 working days. This is the final level for the appeal process.

In cases where a longer period of time is required for a response or resolution of the problem, the inmate shall be so notified in writing of the reason for the delay and its expected length on the Grievance-Extension Form (see Attachment VII). Time limits for responding may be extended automatically upon completion of the Grievance Extension Form. (Attachment VII), unless the inmate disagrees in writing to the extension. If the inmate does not agree to the Extension, the inmate understands and agrees that, with the decision, no further action will be taken on the issue, and the grievance will be returned to the inmate without a decision on its merit. By disagreeing with the Extension, the inmate waives his or her right to have the Grievance issue considered.

The Director of the Department of Correction is not routinely involved in the Inmate Grievance Procedure. No appeals should be sent to the Director. However, this does not mean that the Director may not intervene at any level of the grievance process at his discretion.

The entire grievance procedure must be completed within 76 working days unless a valid extension has been executed, or it can be documented that unforeseen circumstances have occurred.

Release of the inmate from custody will normally terminate his or her grievance, unless the parties are under court order to exhaust remedies or the grievance highlights a problem that needs to be addressed.

H. Remedies

A grievance with merit will be afforded a reasonable range of meaningful remedies.

1. The responsible authority will review the conditions, policies or practices grieved and take appropriate action.

2. When a higher authority than the responding authority must authorize appropriate action, the lower authority shall note its agreement or disagreement with the inmate and transmit the completed grievance form to the higher authority. The inmate will receive written notice of the action.
3. The department is to encourage the resolution of grievances found to have merit involving property losses, confiscations or forfeitures through the return of the property or restitution.
4. Records may be corrected and action by the staff or Classification Committees may be modified as appropriate.
5. No employee or other inmate, who appears to be involved in the matter, shall participate in any capacity in the resolution of the grievance, except to the extent their statement is requested to assist the Grievance Investigator. Otherwise, no grievance should be discussed between employees and/or inmates.

I. Allegations of Abuse

Any credible grievance alleging excessive force, sexual contact, assault or similar physical or emotional abuse of an inmate will be cause for a unit level investigation.

If the results of that investigation lead to reasonable suspicion that abuse has occurred, then the grievance and all relevant documentation shall be forwarded to the Internal Affairs Division.

J. Abuse of the Grievance Procedure

Abuse of the grievance procedure by inmates will be dealt with in the following manner:

1. Excessive Use of the Procedure

Excessive is defined as the submission of numerous or redundant grievances beyond that which is considered reasonable (exceeds three times per week). Inmates are only allowed to submit three grievances per seven-day period, the seven-day period starting on Saturday and ending on Friday.

Only the first three grievances submitted each week by an inmate requires an investigation and response. This limit includes both institutional and medical issues. All others will be logged in and reviewed to determine if an emergency exists. If no emergency exists, the grievance will be logged

out on the same day received, and it shall be written on the grievance form "No action necessary-exceeds weekly limit," dated and signed. The original grievance will then be placed in the grievance file and no written response given. If it is determined to be an emergency situation, action will be taken promptly to resolve the issue. A written response to the inmate is not required.

If the grievance is of a medical nature, but exceeds the inmate's limit for weekly submission, the grievance officer will note at the top of the grievance form "EXCEEDS WEEKLY LIMIT." The grievance will then be forwarded to the medical department (without a Warden's response) to determine if an emergency exists. If the medical department does not determine the grievance to be an emergency, it will be noted at the top of the grievance form, dated and signed by the Site Medical Administrator. If the medical department does determine the grievance to be an emergency, the Site Medical Administrator will ensure that prompt action is taken to resolve the issue. A written response to the inmate is not required.

2. Frivolous and Vexatious Use of the Procedure

Frivolous or Vexatious grievances will be processed as "without merit" and returned to the inmate after being properly logged.

Frivolous means a grievance that is clearly insufficient on its face and is readily recognizable as devoid of merit nor does it provide a sufficient basis for appeal.

Vexatious means a grievance, which agitates, harasses or irritates by petty provocation and is not designed to lead to any practical result.

3. Use of Indecent or Vulgar Language

Inmates who use the grievance procedure to direct threats or indecent or vulgar language at another person shall be referred to the appropriate disciplinary authorities in accordance with the disciplinary rules and procedure.

4. Malicious Use of the Procedure

Any inmate who knowingly makes false statements to staff for the purpose of harming another person may be charged with the appropriate disciplinary offense.

K. Reprisals

1. No inmate shall suffer any action or threat of action based on his or her appropriate use of or participation in the grievance procedure. If an inmate believes he/she has been retaliated against for the use of the grievance procedure, he/she must exhaust their remedies through the grievance procedure. Such behavior on the part of staff is absolutely prohibited and will be dealt with in accordance with the appropriate policy regarding employee conduct and discipline.
2. In addition to the initial and periodic training of department personnel in the grievance procedures, all personnel shall receive written and oral notice that formal and/or informal reprisals will not be tolerated.

The Training Academy will implement a training program regarding inmate problem resolutions and complaints. The training shall be mandatory for all staff involved in the inmate grievance process.

3. Once an inmate initiates the grievance process, the process shall be followed through all stages without interference by administrators or employees of the department.

Anytime an inmate voluntarily decides to withdraw a grievance, he or she must submit a Grievance Waiver Form (see Attachment VI). The appropriate staff will verify receipt of the waiver in writing.

4. If reprisal or retaliation is suspected and/or determined after the unit/center investigation, the grievance shall be forwarded to Internal Affairs for further review with all relevant documentation.

L. Records

1. Each designated administrator at each level of response shall collect and systematically maintain records regarding the filing and disposition of grievances. These records may be maintained in either hard copy or in a retrievable form and shall be available for inspection.
2. At a minimum, such records shall include aggregate information regarding the numbers, types and disposition of grievances, as well as individual records of the dates and reasons for each disposition at each stage of the procedure. Such records shall be preserved in accordance with the policy regarding records retention.
3. For statistical and program management purposes, each stage of the grievance process shall be logged on the Grievance Tracking Program in

the electronic offender tracking system. Problems or complaints resolved informally will be logged only if the matter becomes a formal grievance.

4. Records regarding the participation of an individual in the grievance proceedings shall not be available to any inmate(s) other than the grievant.
5. Grievance records are confidential. Department personnel other than those directly involved in the grievance process may not have access to the information, unless the person's job requires access to such records.
6. Grievance records will not be available to non-departmental personnel other than those representing the Department of Correction except as otherwise provided by Arkansas law.
7. No entries concerning the above shall be recorded in the inmate's institutional file. Records of testimony or evidence regarding an inmate's participation in a grievance proceeding shall also be held as confidential.
8. Only those positions authorized by the appropriate Deputy/Assistant Director will have access to the Grievance Tracking Program in the electronic offender tracking system.

M. Evaluation

1. Monthly, quarterly and annual reports may be generated from the electronic offender tracking system.
2. Records of staff efforts at problem solving may be considered by supervisors evaluating the performance of staff.

N. Prison Litigation Reform Act Notice

Inmates are hereby advised that they must exhaust their administrative remedies at all levels of the grievance procedure before filing a Section 1983 lawsuit and Claims Commission claim. If this is not done, their lawsuits may be dismissed immediately.

Inmates must attach a copy of the Deputy/Assistant Director's response to any petition or complaint; otherwise court may dismiss the case without notice.

Inmates are also advised that they shall be subject to paying filing fees in Federal Court pursuant to the Prison Litigation Reform Act of 1996

V. REFERENCES:

AD 00-22: Responding to Medical Grievances
ACA Standards: 4-4127, 4-4284, 4-4394
Prison Litigation Reform Act of 1996

VI. ATTACHMENTS:

Attachment I - Informal Resolution
Attachment IA - Grievance Form
Attachment II - Warden/Center Supervisor's Decision
Back of Attachment II - Deputy/Assistant Director's Decision
Attachment III - Grievance Codes
Attachment IV - Grievance Acknowledgment
Attachment V - Inmate Grievance Investigation Worksheet
Attachment VI - Grievance Waiver
Attachment VII - Grievance Extension

04-01
040105

PROBLEM SOLVING FORM (Attachment 1)

UNIT/CENTER _____

PLEASE PRINT

Name _____ ADC# _____ Brks _____ Job Assignment _____

IS THIS AN EMERGENCY SITUATION? YES _____ NO _____ If yes, why? _____

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. You will be given a copy of this receipt by the designated problem-solving staff. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

Give a BRIEF statement of your complaint/concern. This statement must be specific as to the complaint, dates, places, personnel involved and how you were affected. One issue or incident per complaint form. Additional pages or forms will not be allowed.

Inmate Signature _____

Date _____

THIS SECTION TO BE FILLED OUT BY STAFF ONLY.

STAFF RECEIPT AND ACTION TAKEN

PRINT STAFF NAME (PROBLEM SOLVER) _____

Staff Code _____

Staff Signature / Date Received _____

Was this deemed an emergency? Yes _____ No _____

Was there a need to contact medical? Yes _____ No _____ If yes, give name of person contacted? _____

Describe action taken to resolve complaint, including dates. _____

Was issue resolved? Yes _____ No _____ Does inmate agree that issue was resolved? Yes _____ No _____

Staff Signature/Date _____

Inmate Signature/Date _____

DISTRIBUTION: YELLOW - Inmate Receipt

(AFTER COMPLETION) PINK - Problem Solver Copy

BLUE - Grievance Officer

ORIGINAL - Given back to the Inmate After Completion

UNIT/CENTER _____

Grv. # _____
Date Received _____
Grievance Code: _____

PLEASE PRINT

Name _____ ADC# _____ Brks _____ Job Assignment _____

IS THIS GRIEVANCE A MEDICAL GRIEVANCE? Yes _____ No _____

All complaints/concerns should first be handled informally before proceeding to the formal grievance procedure.

THE ORIGINAL INFORMAL RESOLUTION FORM MUST BE ATTACHED

Informal Action Taken

Have you discussed this problem with your designated problem-solver? Yes ___ No ___ If yes, give date _____

Why do you feel the informal resolution was unsuccessful? _____

Please give a **BRIEF** clear statement of your grievance. This statement must be specific as to the complaint, dates, places, personnel involved, how you were affected and what you want to resolve the issue. One issue or incident per grievance. Additional pages or forms will not be allowed and if attached, will result in the automatic rejection of this grievance without content review.

IS THIS AN EMERGENCY SITUATION? YES ___ NO ___ If yes, why? _____

(An emergency situation is one in which you may be subject to a substantial risk or physical harm. It should not be declared for ordinary problems that are not of a serious nature.) If you marked yes, you may give this completed form to any officer or department employee who shall sign the attached emergency receipt, give you the receipt and deliver it without undue delay to the ARO, the Warden/Center Supervisor or, in their absence, to the Unit/Center Assistant Warden. REPRISALS: If you are harmed or threatened because of your use of the grievance form, report it immediately to the Warden.

INMATE SIGNATURE

DATE

(TO BE FILLED OUT BY THE RECEIVING OFFICER)

RECEIPT FOR EMERGENCY SITUATIONS

OFFICER (Please Print) _____ Signature _____

FROM WHICH INMATE? _____ ADC# _____

DATE: _____ TIME: _____

INMATE NAME _____ ADC# _____ GRIEVANCE # _____

WARDEN/CENTER SUPERVISOR'S DECISION

Signature of ARO or Warden's/Supervisor's Designee

Title

Date

INMATE'S APPEAL

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Deputy/Assistant Director. Keep in mind that you are appealing the decision to the original complaint. Do not list additional issues, which are not a part of your complaint.

WHY DO YOU NOT AGREE WITH THE RESPONSE?

Inmate Signature

ADC#

Date

INMATE NAME _____ ADC# _____ GRIEVANCE # _____

DEPUTY/ASSISTANT DIRECTOR'S DECISION

SIGNATURE

DATE

Please be advised that if you appeal this decision to the U.S. District Court, a copy of this Deputy/Assistant Director's Decision must be attached to any petition or complaint or the Court must dismiss your case without notice. You shall also be subject to paying filing fees pursuant to the Prison Litigation Act of 1995.

GRIEVANCE CODES

GRIEVANCE PROCEDURE CODES

Each Unit/Center is assigned a unit code as follows:

BC	Boat Camp	JC	Jefferson Regional Correctional	NW	Northwest AR Work Release
BU	Benton Unit	MC	Mississippi County Work Release	PB	Pine Bluff Unit
CU	Cummins Unit	MCP	McPherson Unit	TU	Tucker Unit
DR	Delta Regional Unit	MX	Maximum Security Unit	TX	Texarkana Regional Correctional Center
DU	Diagnostic Unit	NC	North Central Unit	VU	Vanner Unit - population
EA	East Arkansas - population	OR	Ouachita River Corr. Unit	VSM	Vanner Super Max
EAM	East Arkansas - Max Sec				
GR	Grimes Unit				

Which is succeeded by the last two digits of the calendar year, followed by a five digit sequential number beginning with 00001 (i.e., CU-03-00001).

GRIEVANCE TYPE CODES

100	Transfer	500	Institution Operations
101	Unit Transfer	501	Food/Food Services
102	Interstate Compact	502	Commissary
		503	Inmate Funds
200	Institutional Assignment	504	Sanitation - Showers, etc.
201	Cell Barracks	505	Inmate Property Claims
202	Job	506	Clothing - Bedding/Footwear
203	Classification	507	Activity Rotation
204	Enemy Alert List	508	Living Conditions
205	Protective Custody	509	Working Conditions
206	Punitive	510	Grooming
207	Administrative Segregation	511	Recreation
208	School/Vocation Training	512	Searches
209	Rehabilitation Programs	513	Contraband/Confiscation Forms
210	Counselors	514	Alternative Meals
211	Investigative Status - DCR	515	Hunger Strike
212	48 Hour Relief Privileges	516	Diet
		600	Medical
300	Communication	601	Denial of Treatment
301	Visits (non-legal)	602	Harassment or Abuse
302	Telephone	603	Records
303	Radio/Television/Movie	604	Footwear/Orthotics
304	Interview Request	605	Sick Call - not otherwise specified
305	Unit Policy/ADC Policy	605NS	Sick Call, requested not seen
306	Publication	605NSS	Sick Call, no security escort
307	Mail	605NST	Sick Call, not seen timely
308	Marriage	605MD	Sick Call, MD/mid-level referred not seen
400	Disciplinary Matters		

GRIEVANCE CODES

606	Vision	717	Multiple Issues Grieved
607	Food/Special Diet	718	Welfare
		719	Copies Made
608	Medication/Pill Call – not otherwise specified		
	608NG Medication not given	800	Complaints Against Staff
	608NRO Medication not reordered	801	Physical Abuse
	608ME Medication error	802	Verbal Abuse
	608PER Pharmacy error	803	Other Complaints Against Staff
	608MHM Mental Health meds. missed	900	Other
809	Medical Classification	901	Good Time
810	Hearing	902	Furlough
811	Housing conditions (medical reasons)	903	Other Complaints Against Inmates/Cellmate
615	Orthopedic	904	Time Computation
619	Other	905	Hobby Craft
620	Dental	906	Religion
621	Dental Prosthetics	907	Parole Matters
622	Medical Appointments (outside not otherwise specified)	908	Discrimination (Race, Religion, Sex, etc).
630	Mental Health	909	Name Change
631	Mental Health Appointments	910	Urine Testing
632	Mental Health – Medication side effects	911	Work Release
633	Mental Health – Housing	912	Maintenance
		913	Grieving for Another Inmate
		914	Detainer Removed
700	Legal		
	701 Access to courts		
	702 Indigent Inmate Supplies		
	703 Law Books/Pages		
	704 Law Library		
	705 Legal Visits with Inmate		
	706 Other Legal Visits		
	707 Retaliation/Harassment – Use of the Grievance Process		
	708 Retaliation/Harassment – Access to Courts Rights		
	709 Notary Services		
	710 Access to Grievance Forms		
	711 Storage of Legal Materials		
	712 Legal Mail		
	713 No Response to Grievance		
	714 Other Legal Matters		
	715 No Further Action is Necessary (NFAN)		
	716 Freedom of Information Act (FOIA)		

GRIEVANCE ACKNOWLEDGMENT

TO: Inmate _____ ADC# _____

FROM: _____ TITLE: _____

RE: Notification of Grievance Received Grievance # _____

DATE: _____

Please be advised I have received your Grievance dated _____
on _____

You will receive communication from this office regarding the Grievance

by _____

Signature of Grievance Officer/ARO

CHECK ONE OF THE FOLLOWING

_____ This Grievance is of a medical nature and has been forwarded to the infirmary staff.

_____ This Grievance has been determined to be an emergency situation, as you so indicated.

Action Taken: _____

_____ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a non-emergency.

Warden/Center Supervisor's Signature

Deputy/Assistant Director/Director's Signature

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**Arkansas Department of Correction
Inmate Grievance Investigation Worksheet**

The below listed inmate has filed a grievance/appeal with this office. Please give a detailed statement in regards to the issue(s) in which this inmate has stated in this grievance. The statement "I have no knowledge", is not acceptable. Also, please submit any supporting documentation with your response, (i.e., disciplinary, 005's, logs, medical information, other officers and/or Inmate statements, etc.).

EMPLOYEE: _____ UNIT: _____

RE: INMATE: _____ ADC# _____

FROM: _____ DUE DATE: _____

GRIEVANCE #: _____ DATE & TIME OF INCIDENT _____

Inmate's Complaint:

EMPLOYEE STATEMENT BELOW

STATEMENT: _____

Responding Staff Signature

Date

You are not to retaliate against this inmate in any shape, form or fashion for submitting this grievance. If you are found to have retaliated against any inmate for using the grievance procedure, you will be subject to disciplinary action, which may be a verbal warning, a written warning, and/or termination.

GRIEVANCE WAIVER

TO: _____ DATE: _____

FROM: _____ SUBJECT: _____

I, _____, ADC# _____, do hereby agree that grievance number _____, dated _____, has been resolved/and/or, I no longer want to pursue this matter. This decision is voluntary and made without threats or coercion of any type.

Inmate Signature

Date

Witness Signature

Date

GRIEVANCE EXTENSION

TO: Inmate _____ ADC# _____

FROM: _____ TITLE: _____

DATE: _____ GRIEVANCE # _____

ADDITIONAL TIME IS NECESSARY IN ORDER TO:

YOU WILL RECEIVE COMMUNICATION FROM THIS OFFICE BY: _____

This Extension is automatic unless you specifically disagree. If you DO NOT agree to an extension, check DISAGREE, complete the signature line and return original to this office. If you do not agree, you understand that, with this decision, no further action will be taken on this issue at this level, and your grievance will be returned to you without a decision on its merit.

_____ DISAGREE By disagreeing with this extension, you waive your rights to have this grievance issue considered.

_____ ADC# _____ DATE: _____
Inmate Signature

_____ DATE: _____
Warden/Center Supervisor Signature

_____ DATE: _____
Deputy/Assistant Director/Director Signature