



Commonwealth of Massachusetts
Department of Correction
Shattuck Hospital Correctional Unit
INSTITUTIONAL PROCEDURES
For
INMATE GRIEVANCES
103 CMR 491

Purpose: To establish specific written guidelines to aid in the implementation of the 103 CMR 491, Inmate Grievances.

Access: All employees.
All Inmates

Review: Annually.

Joseph M. Murphy

Joseph M. Murphy,
Superintendent

Luis Spencer

Reviewing Authority

November 26, 2013

Date

December 16, 2013

Date

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2. Formal Processing of Inmate Grievances
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ATTACHMENTS

- A. Informal Complaint Form (Eng.)
Informal Complaint Form (Spanish)
- B. Grievance Form (Eng.)
Grievance Form (Spanish)
- C. Grievance / Appeal Extension Request
- D. Inmate Grievance Appeal Form (English)
Inmate Grievance Appeal Form (Spanish)
- E. Resolution Agreement Form
- F. Grievance Withdrawal Form

1. INFORMAL PROCESSING OF INMATE COMPLAINTS

- A. Informal complaints may be addressed by utilizing the Informal Complaint Form (Attachment A) available in the Multi Purpose Day Room and/or from the CPO II.
- B. The complaints shall be deposited into the locked, wooden drop box located in the Multi-Purpose Day Room.
- C. The informal complaint shall be forwarded from the Institutional Grievance Coordinator (IGC) to the responsible supervisory staff person, the CPO II, within one business day.

2. FORMAL PROCESSING OF INMATE GRIEVANCES

- A. Inmates can obtain a Grievance Form (Attachment B) from any DOC Staff Person, from the Multi-Purpose Day Room, or from the Institutional Grievance Coordinator. The grievance may be deposited in the locked box located in the Multi-Purpose Day Room or filed directly with the Superintendent, Deputy Superintendent, or Institution Grievance Coordinator.
- B. Extensions for filing a grievance may be permitted if the Institutional Grievance Coordinator or Superintendent determines that the initial period is insufficient to make an appropriate decision or if the inmate presents a legitimate reason for requesting an extension. In this case a Grievance / Appeal Extension Request Form (Attachment C) must be completed. The inmate and the IGC shall both sign this form and it will become part of the permanent grievance record.

3. APPEALS

- A. Inmates may obtain an Inmate Grievance Appeal Form (Attachment D) from any DOC staff member, the IGC, or in the Multi Purpose Day Room. All appeals shall be forwarded to the Superintendent.
- B. The Superintendents Office shall enter the grievance appeal into IMS and print out the

appeal. The inmate shall receive a receipt of the Grievance Appeal from the Superintendents Office.

4. RECORD KEEPING AND DISTRIBUTION

- A. The IGC shall be responsible for maintaining original hand written and typed copies of all inmate grievances /appeals and for the forwarding of copies of appropriate grievances to the Department Grievance Manager. ***The filing of these materials shall be done directly by the IGC upon proper completion of said grievances in the locked file cabinet marked "Grievances" in the Resource Room located on the twelfth floor of LSH. Filing is not to be delegated to any other staff member and is the sole responsibility of the IGC.***
- B. The Superintendent's office shall be responsible for entering all Grievance Appeals into IMS. All grievances shall be tracked from the date received to the final disposition (including appeals), using IMS.

The IGC shall be responsible for entering detailed investigative comments for each grievance filed. The IGC shall be responsible for a thorough report regarding all aspects of the complaint to include, but not be limited to the following:

- Dates of each interview
- Dates information was obtained
- Interview results with grievant and appropriate staff
- Efforts to resolve grievance / complaint
- Recommendations of grievance disposition

- C. The IGC is responsible for submitting the monthly report to the Superintendent for signature. Once signed, the IGC will forward the monthly report to the Department Grievance Manager no later than the 5th day of each month for the proceeding month.
- D. The IGC shall be responsible for maintaining institutional grievances for a period of seven (7) years.

5. ABUSE OF THE GRIEVANCE PROCESS

The Superintendent will notify the Department Grievance Manager, in writing, when an inmate's right to file a grievance(s) has been suspended.

6. SETTLEMENTS

The IGC shall ensure that the Resolution Agreement Form (Attachment E) is completed, approved, and signed off on by the Superintendent. All settlement information shall be recorded into the IMS investigative comments.

8. INMATE NOTIFICATION OF POLICY

An inmate may request a copy of the Grievance Policy through the Correctional Program Officer II acting in lieu of an Institutional Librarian.

**Department of Correction
INFORMAL COMPLAINT FORM**

Inmate Name _____ Commitment # _____ Incident Date _____
Institution _____ Housing Unit _____

CHECK OFF AREA OF CONCERN (one issue per form allowed)			
<input type="checkbox"/> HOUSING ASSIGNMENT/STATUS	<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROGRAMS	<input type="checkbox"/> MAIL
<input type="checkbox"/> FOOD			
<input type="checkbox"/> CLOTHING/LINEN EXCHANGE	<input type="checkbox"/> RELIGION	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> VISITS
<input type="checkbox"/> LEGAL EXCHANGE	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER:

State completely, but briefly, the single issue of concern and your requested resolution

List any previous steps you have taken to resolve your concern

(Use other side of page if more space is needed)

Inmate Signature _____ Date _____

Note: If you follow instructions in preparing your request, it can be addressed more readily. Your complaint will be reviewed and replied to within ten (10) business days from the date of receipt.

DO NOT WRITE BELOW THIS LINE (Reserved for Staff Response)

Received By _____ Date Received _____

DECISION

Complaint: Has merit _____ Has some merit _____ Has no merit _____ N/A _____

Resolution: Granted _____ Partially Granted _____ Denied _____ Alternate Resolution Offered _____ N/A _____

Comments _____

Decision By _____ Date _____

**DEPARTMENT OF CORRECTION
FORMULARIO DE QUEJA INFORMAL**

Nombre del Preso _____ Sentenciado # _____ Fecha
 Incidente _____ Institución _____ Unidad de Alojamiento _____

MARQUE AREA DE PREOCUPACION (un asunto permitido por formulario)

<input type="checkbox"/> UNIDAD DE ALOJAMIENTO/ESTATUS	<input type="checkbox"/> LAVANDERIA	<input type="checkbox"/> PROGRAMAS	<input type="checkbox"/> CORREO
<input type="checkbox"/> COMIDA			
<input type="checkbox"/> ROPA/CAMBIO DE ROPA DE CAMA	<input type="checkbox"/> RELIGION	<input type="checkbox"/> PROPIEDAD	<input type="checkbox"/> VISITAS
<input type="checkbox"/> INTERCAMBIO LEGAL	<input type="checkbox"/> BIBLIOTECA	<input type="checkbox"/> TELEFONO	
<input type="checkbox"/> OTRO			

Declare completamente, pero brevemente, el asunto único de preocupación y la resolución que pide

Liste cualquier paso anterior que usted ha tomado para resolver su preocupación

(Use el otro lado de la pagina si requiere más espacio)

Firma del Preso _____ Fecha _____

Nota: si usted sigue las instrucciones en preparar su pedido, puede ser tratado mas fácilmente. Su queja será revisada y respondida dentro de los diez (10) días laborales de la fecha de recepción.

NO ESCRIBA DEBAJO DE ESTA LINEA (Reservado para Respuesta del Personal)

Recibida Por _____ Fecha Recibida _____

DECISION

Queja: Tiene mérito _____ Tiene algún mérito _____ No tiene mérito _____ N/A _____

Resolución: Otorgada _____ Parcialmente Otorgada _____ Negada _____ Solución Alternativa Ofrecida _____ N/A _____

Comentarios _____

Decisión Por _____ Fecha _____

**DEPARTAMENTO DE CORRECCION
FORMULARIO DE QUEJA DE PRESO**

NOMBRE DEL PRESO:	PRESO #:	FECHA:
INSTITUCION:	FECHA DEL INCIDENTE:	
INSTRUCCIONES: Refiérase a 103 CMR 491, Políticas de Queja de Preso. En el Bloque B , dé un breve y comprensible resumen de su queja / asunto. Liste cualquier acción que usted ha tomado para resolver esta materia en Bloque C . Asegúrese de incluir la identidad del miembro del personal que usted ha contactado. Provea el remedio que usted solicita en Bloque D .		
A. Cuando presente una Queja de Emergencia seleccione Emergencia y un tipo de queja adicional. <p style="text-align: center;">_____ EMERGENCIA</p>		
B. Dé una breve y comprensible resumen de su queja / asunto. Si es necesario, use papel adicional.		
C. Liste cualquiera acción que usted ha tomado para exponer / resolver esta materia. Incluya la identidad de los miembros del personal que usted ha contactado.		
D. Provea el Remedio Solicitado.		

Firma del preso _____ **Fecha:** _____

Personal que lo recibe _____ **Fecha:** _____

****QUEJAS NEGADAS PUEDEN SER APELADAS A LA AUTORIDAD QUE LA REvisa**

DENTRO DE LOS 10 LABORALES.

(Recibos/respuestas al preso serán generadas a través del Sistema de Administración de Presos

[Inmate Management System])

The Commonwealth of Massachusetts Department of Corrections

GRIEVANCE/APPEAL EXTENSION REQUEST

INMATE NAME & NUMBER: _____
NAME OF CURRENT INSTITUTION: _____ HOUSING UNIT: _____
BRIEF REASON FOR EXTENT: _____

AMOUNT OF TIME REQUESTED: _____

SIGNATURE OF INMATE: _____ DATE: _____

(Do not write below this line)

.....

RECEIPT BY INSTITUTIONAL GRIEVANCE COORDINATOR

IGC SIGNATURE: _____ DATE RECEIVED: _____

GRIEVANCE NUMBER: _____

EXTENSION APPROVED

EXTENSION DENIED

REASON: _____

IGC SIGNATURE: _____ DATE: _____

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE APPEAL FORM**

INMATE'S NAME:	INMATE'S #:	DATE:
INSTITUTION:		ASSIGNED GRIEVANCE #:
INSTRUCTIONS:		
5. Refer to 103 CMR 491, Inmate Grievance Policy.		
6. Provide your appeal argument in Block A , in a brief and understandable manner.		
7. Provide your requested remedy in Block B .		
A. Provide your appeal argument in a brief and understandable manner.		
B. Provide your requested remedy		

Inmate's Signature _____ **Date:** _____

Staff Recipient _____ **Date:** _____

(Inmate receipts/responses will be generated via the Inmate Management System.)

**COMMONWEALTH OF MASSACHUSETTS
DEPARTAMENTO DE CORRECCION
FORMULARIO DE APELACION DE QUEJA DE PRESO**

NOMBRE DEL PRESO:	PRESO #:	FECHA:
INSTITUCION:		QUEJA ASIGNADA #:
INSTRUCCIONES:		
Refiérase a 103 CMR 491, Política de Queja de Preso.		
Provea su argumento de apelación en el Bloque A , de una manera breve y comprensible.		
Provea el remedio que usted solicita en el Bloque B .		
Provea su argumento de apelación de una manera breve y comprensible.		
Provea el remedio que usted solicita		

Firma del Preso _____ **Fecha:** _____

Personal que lo recibe _____ **Fecha:** _____

Resolution Agreement

Check to indicate the type of complaint this resolution pertains to:

Informal Complaint Complaint Date: _____

Inmate Grievance Grievance Number: _____

Please indicate the type of resolution being offered:

Monetary Property Both (Monetary and Property)

I, _____ an inmate of the Massachusetts Department of Correction agree to resolve the indicated complaint as I am satisfied with the resolution as follows:

Furthermore, I release the Department of Correction and its employees of all liability arising out of this complaint.

Inmate Signature: _____ Date: _____

Witness: _____ Date: _____

INSTITUTION OR DEPARTMENT GRIEVANCE MANAGER APPROVAL

I have reviewed the facts of this resolution agreement and find this agreement to be appropriate.

Superintendent or Department Grievance Manger Date: _____

Date: _____

Superintendent or Department Grievance Manger

GRIEVANCE WITHDRAWAL FORM

I _____ request to withdraw grievance/grievance appeal

_____ based upon the following reason(s) (check off line applicable below):

_____ 1. The grievance issue I raised in a formal grievance has been resolved since the grievance was filed.

_____ 2. The appropriate Department staff has been contacted and the necessary action needed to resolve and rectify this matter to my satisfaction has been taken.

_____ 3. I have thought about this matter and I have determined that this is not the appropriate process to address my concern or the issue.

_____ 4. Other:

I have taken this action freely. I am not under any form of duress or coercion, nor has there been any expressed or implied threats of retaliation if I do not seek this withdrawal. I also understand that my withdrawal is considered a termination of the grievance/grievance appeal process.

Inmate's Name: _____ Date: _____

Witness: _____ Date: _____