

MCI FRAMINGHAM INMATE GRIEVANCE PROCEDURES

In accordance with:
103 CMR 491 – INMATE GRIEVANCES

OBJECTIVE: To establish inmate grievance procedures.

APPLICABILITY: To all MCI-Framingham staff and inmates.

POLICY: 491

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I. GRIEVANCE PROCEDURES:

1. Inmates are encouraged to resolve their issues through the informal complaint process, see FRA 491 Attachment A, to ensure administrative efforts to resolve their complaints have been made. However, while inmates are encouraged to pursue informal measures prior to filing a grievance, they shall not be required to do so, and may begin the formal grievance process, see FRA 491 Attachment B.
2. A grievance that involves an issue for which a delay in resolution may cause a substantial risk of personal injury or other damages may be filed as an emergency grievance. The inmate should place a check mark in the box near the word "Emergency" at the top of the Formal Grievance to alert the Institutional Grievance Coordinator (IGC) to the nature of the complaint. The grievance will be reviewed and if found appropriate, processed within three (3) working days. Emergency grievance appeals shall be responded to within five (5) working days.
3. There are four (4) issues that are not grievable: classification and disciplinary decisions (as they have their own formal appeal process), medical or clinical decisions and therapeutic diets. However, access to medical or mental health care are grievable issues. In addition, multiple grievances on the same form or grievances submitted by an inmate on behalf of another inmate or group of inmates will not be accepted.
4. Grievance forms shall be submitted within ten (10) working days from the date of the incident or within ten (10) working days of the inmate's becoming aware of the incident or situation.
5. The IGC shall investigate the factual basis of the grievance and determine a resolution or deny the grievance within ten (10) working days from receipt of the grievance.

6. If the inmate is not satisfied with the IGC's decision, she may appeal such decision, utilizing FRA 491 Attachment C, to the Superintendent within ten (10) working days from the receipt of the IGC's decision. The Superintendent has thirty (30) working days to respond to the appeal.
7. Time periods for responding to a complaint, grievance or grievance appeal may be extended for a reasonable length of time if the Superintendent or IGC determines that the initial period is insufficient to make an appropriate decision or if there is a legitimate reason for requesting an extension.
8. All inmate grievances shall be placed into the Grievance Coordinator locked mailbox located in the Smith Building Corridor or the Old Administration Building foyer. Appeals may be placed in the Superintendent's locked mailbox. Upon receipt, all grievances will be appropriately processed in accord with 103 CMR 491, Inmate Grievances.
9. An inmate who resides in ITU, CCU, HSU and all Civil Commitments wishing to file a grievance shall notify their unit OIC. The unit OIC shall then notify the IGC of the grievance. The IGC shall then go the unit and take the grievance directly from the inmate.
10. AN INMATE COMPLAINT or formal GRIEVANCE must include the following information:
 - A. The date of the incident;
 - B. the name of the institution;
 - C. the name of the institution of complaint;
 - D. a brief summary of the facts;
 - E. remedy being requested;
 - F. and the signature of the complainant.

Note: If any of the above information is not legible and/or complete, or if otherwise improperly filed, the form will be returned to the inmate with a letter of explanation. In such case, the inmate will be provided an additional three (3) working days to properly complete the form.

11. Inmates who are illiterate, who cannot read or write legibly, or cannot speak English are authorized to obtain the assistance of a Unit Team Member or another staff member. Staff should assist in the completion of the complaint, grievance, and appeal forms, as necessary. In cases where staff assistance is not available, the telephonic interpreter service should be utilized to facilitate completion of the form.
12. The IGC will be responsible for the following:
 - A. Send a receipt to inmate, indicating that the grievance has been received.
 - B. Ensure that an answered complaint is attached to grievance.
 - C. Respond to inmate grievances within appropriate time frame.
 - D. Forward all grievance appeals to the Superintendent or designee for response.
 - E. Ensure that all grievances and grievance appeals are entered into the Security Module, Grievance Screen of the IMS.
13. The Superintendent shall determine if an inmate has abused the grievance process by reviewing clearly frivolous, repetitive and knowingly false grievances. Upon determination of abuse, the Superintendent may suspend the inmate's ability to file a grievance for a time period up to six months. The right to file an EMERGENCY grievance will continue for an inmate under suspension unless this inmate has also been found to have abused that process.

INFORMAL COMPLAINT PROCEDURE

- ❖ Inmate's who wish to file an informal complaint shall complete the informal complaint form (FRA 491 Attachment 1)
- ❖ All informal complaint forms should be legible and must contain the following information:
 - Date of occurrence of the incident
 - A brief statements of facts
 - If more than one issue, inmate shall use a separate form
- ❖ All informal complaints must be filed within five (5) working days of the incident or within five (5) working days of the inmate becoming aware of the incident whichever is later.
- ❖ The form needs to be addressed to the Director of Classification. Once the Informal Complaint Form is completed, it is to be placed in the Institutional mail or deposited in the locked drop box designated for Grievances.
- ❖ The Director of Classification or designee will log the Informal Complaint Form with a brief description on the issue within one (1) working day of receipt.
- ❖ Within one (1) working day of logging the informal complaint the Director of Classification or designee will forward a copy of the Informal Complaint Form to the appropriate department.
- ❖ The appropriate department head or responsible staff person will evaluate the request or concern and deem appropriate action.
- ❖ The department head or responsible staff person shall issue a response within ten (10) working days of receipt.
- ❖ The department head or responsible staff person shall return the Informal Complaint Form with the documented outcome to the Director of Classification or designee.
- ❖ The Director of Classification or designee shall log the resolution in the Informal Log.
- ❖ The Director of Classification or designee shall forward a copy of the Informal Complaint with the decision rendered to the inmate.
- ❖ Once the Informal Complaint resolution process has concluded and the inmate is not satisfied with the decision rendered the inmate has ten (10) working days from the date of the Informal Complaint decision to file a Formal Grievance without being penalized.
- ❖ The Director of Classification or designee will maintain the Original Informal Complaint.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INFORMAL COMPLAINT FORM

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

CHECK OFF AREA OF CONCERN (one issue per form allowed)

___ HOUSING ASSIGNMENT/STATUS ___ LAUNDRY ___ PROGRAMS ___ MAIL ___ FOOD
___ CLOTHING/LINEN EXCHANGE ___ RELIGION ___ PROPERTY ___ VISITS
___ LEGAL EXCHANGE ___ LIBRARY ___ PHONE 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 _____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

INMATE'S NAME:	INMATE'S #:	DATE:
INSTITUTION:		DATE OF INCIDENT:
INSTRUCTIONS: 1. Refer to 103 CMR 491, Inmate Grievance Policy. 2. In Block B , give a brief and understandable summary of your complaint/issue. 3. List any actions you may have taken to resolve this matter in Block C . Be sure to include the identity of staff members you have contacted. 4. Provide a Requested Remedy in Block D .		
A. When filing an Emergency Grievance check Emergency. <p style="text-align: center;">_____ EMERGENCY</p>		
B. Give a brief and understandable summary of your complaint/issue. Additional paper may be used, if necessary.		
C. List any action taken to address/resolve this matter. Include the identity of staff members you have contacted.		
D. Provide your Requested Remedy.		

Inmate's Signature _____ Date: _____

Staff Recipient _____ Date: _____

****DENIED GRIEVANCES MAY BE APPEALED TO THE REVIEWING AUTHORITY WITHIN 10 BUSINESS DAYS.**

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

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

INMATE'S NAME:	INMATE'S #:	DATE:
INSTITUTION:		ASSIGNED GRIEVANCE #:
INSTRUCTIONS:		
<ol style="list-style-type: none"> 1. Refer to 103 CMR 491, Inmate Grievance Policy. 2. Provide your appeal argument in Block A, in a brief and understandable manner. 3. 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.)