

**THE COMMONWEALTH OF MASSACHUSETTS**

**DEPARTMENT OF CORRECTION**

**MCI-NORFOLK**

**PROCEDURAL STATEMENT, 103 CMR 491, INMATE GRIEVANCE**

**I. PURPOSE:**

The purpose of this statement is to establish written guidelines to aid in the implementation of the 103 CMR 491, Inmate Grievance policy.

**II. PROCEDURES:**

**A. INFORMAL PROCESSING OF INMATE COMPLAINTS**

1. Inmates may obtain an "Informal Complaint Form" (**Attachment I**) from their housing unit staff or in the institution library / law library.
2. The form must be completed in detail, to include the inmate's name, commitment number, housing unit, date, and a brief statement of the facts and/or complaint. The completed informal resolution form must then be submitted to the Director of Security's Office via institutional mail or Institution Grievance Drop Box.
3. Once received, the Administrative Captain will then assign the appropriate department head or the responsible supervisory staff person.
4. The appropriate department head or the responsible supervisory staff person shall respond to the informal resolution form within 10 business days from the date of receipt. This response shall include action to resolve the matter or advise the inmate of the reason for denial of the inmate complaint.
5. Inmates are encouraged to resolve their issues through the informal compliant process to ensure administrative efforts to resolve their complaint have been made. However, while inmates are encouraged to pursue informal measures prior to filing a formal grievance, they are not required to do so.
6. In instances where a formal grievance is filed, the Institutional Grievance Coordinator (IGC) shall extend time limits as outlined in 103 CMR 491 - INMATE GRIEVANCES when the informal process was verifiably utilized by the inmate to resolve this matter in a good faith and timely manner.

## **B. FORMAL PROCESSING OF INMATE GRIEVANCES**

The Institution Grievance Coordinator (IGC) shall process inmate grievances in accordance with 103 CMR 491 - Inmate Grievance and via the IMS requirements.

1. Formal grievance/appeal forms may be obtained from the IGC, and shall also be made available in all units and the Institution library/law library. Inmates housed in the S.M.U. and H.S.U. may obtain a grievance form via the unit staff on a daily basis.
2. If, for a specific reason, an inmate needs to speak with IGC, he should convey this message to the Unit Staff, who may then contact the Grievance Coordinator.
3. Grievance Forms for general population inmates may be placed in a locked box located in the OIC area. S.M.U. and H.S.U. inmates may submit their Grievance Forms to the S.M.U. and H.S.U. staff, who will then place the Grievance Forms in a locked box located on their respective tiers. The IGC will collect all Grievance Forms at least once each working day. All inmates may also utilize the institutional mail system to file formal complaints.
4. Upon receipt of an inmate grievance, the IGC shall ensure that the grievance complies with 103 CMR 491.09 and if not, return the grievance to the inmate with an explanation. In addition, grievances that are returned to the inmate for improper filing should not be recorded in IMS. The inmate shall be granted an additional three business days to resubmit his grievance in the appropriate format.
5. The IGC shall enter the grievance information into IMS. A copy of the IMS grievance shall be printed and provided to the inmate, which serves as a formal receipt.
6. The IGC shall conduct an investigation into the inmate's grievance, which shall include but not be limited to, conducting an interview with the grievant, conducting an interview with the staff person responsible for the area where the complaint occurred, conduct an interview with any staff and/or inmate witnesses noted in the grievance or revealed during the interview process with the grievant, and conduct any other interviews as deemed necessary (internal and external).
7. The IGC shall collect documentation related to the grievance to include any policy/procedure references, property records, incident reports, logbook information, inmate account information, relevant IMS information etc. A review of the inmate's efforts to resolve the issue informally, and proceed to exhaust all efforts of resolving the grievance.
8. Following the investigation of the inmate's concern, the IGC shall render a decision, within 10 business days from receipt of the grievance. The decision comments may include but shall not be limited to, a proposed resolution stating what specific corrective action will be taken, a reason for denial stating specific reason for the denial, a reason for a partial approval stating what specific corrective action will be taken, a reason why the grievance was determined to be non-grievable, a reason why the grievance was referred to Internal Affairs.

**C. SPECIAL ASSISTANCE**

The telephone interpreter service for non-English speaking inmates provides over-the-phone interpretation. This service can provide translation of 140 different languages to any non-English speaking inmate.

The telephone interpreter service is available for use by the IGC for the purpose of conducting interviews when an inmate claims that he does not speak and/or understand English.

Inmates shall provide a written or verbal request for the use of this interpreter service to the IGC when submitting their grievance form(s) and/ or in a timely manner thereafter.

**D. APPEALS**

The processing of inmate grievance appeals shall be processed in accordance with 103 CMR 491 - Inmate Grievance.

The Superintendent or designee shall ensure that the grievance number is displayed or written on the IMS printout/ receipt.

The Superintendent shall review the "Grievance Screens" coupled with any non-IMS supporting documentation and enter his/her decision in the IMS "Appeal/Decision Screen" within 30 business days from receipt of the inmate's grievance appeal.

Once the process is complete the inmate shall be provided with the Superintendent's decision via IMS printout of the Inmate Grievance Appeal.

The Department Grievance Manager (DGM) may request a grievance packet from the institution for review after the Superintendent has made an appeal decision, as deemed necessary. Once the DGM has reviewed the packet a final decision will be entered in the 'Appeal Decision Screen'.

**E. SUSPENSIONS**

When the Superintendent has suspended an inmate's ability to file grievances due to abuse of the grievance process, the Institutional Grievance Coordinator shall immediately notify the DGM of such suspension. Additionally, the DGM shall be provided a copy of the "Suspension Notification" with supporting documentation.

**F. EXTENSIONS**

When the IGC or Superintendent has authorized an extension on behalf of the inmate or whenever the IGC/Superintendent has determined that more time is required to appropriately investigate an inmate's grievance/grievance appeal, the inmate shall be notified of the extension in writing. Additionally, the extension shall be documented in IMS under the Investigative Comments.

**G. EMERGENCIES**

When an inmate has filed an emergency grievance and believes his/her grievance involves an issue for which a delay in resolution may cause a substantial risk of personal injury or other damages, the IGC shall evaluate and determine if the grievance is in fact, an emergency. If deemed an emergency, the IGC shall process and complete the grievance within three working days of the grievance being filed.

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Superintendent

Date

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Reviewing Authority

Date

GR\stg

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)				
<input type="checkbox"/> HOUSING	<input type="checkbox"/> LAUNDRY	<input type="checkbox"/> PROGRAMS	<input type="checkbox"/> MAIL	<input type="checkbox"/> FOOD
<input type="checkbox"/> ASSIGNMENT/STATUS	<input type="checkbox"/> RELIGION	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> VISITS	
<input type="checkbox"/> CLOTHING/LINEN	<input type="checkbox"/> LIBRARY	<input type="checkbox"/> PHONE	<input type="checkbox"/> OTHER _____	
<input type="checkbox"/> EXCHANGE				
<input type="checkbox"/> LEGAL EXCHANGE				

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 with in 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 \_\_\_\_\_