



MASSACHUSETTS DEPARTMENT OF CORRECTION
OLD COLONY CORRECTIONAL CENTER

OC 491 INMATE GRIEVANCE

in accordance with: 103 CMR 491 - Inmate Grievance

PURPOSE: To establish rules and procedures governing the filing and resolution of grievances by inmates.

APPLICABILITY: STAFF/INMATES

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I. INFORMAL COMPLAINTS

1. While inmates are encouraged to pursue informal measures prior to filing a grievance, they shall not be required to do so. Informal Complaints may be addressed by filing an "Informal Complaint Form" the day of incident or within five (5) working days of becoming aware of the incident whichever is later.
2. Inmates can obtain "Inmate Complaint Forms" (refer to Attachments A and B) from their housing unit officer or in the Inmate Library.
3. The form must be completed in detail to include the inmate's name, commitment number, housing unit, date, and a brief explanation regarding the nature of the complaint.
4. Inmates shall address the informal complaint to the "Informal Grievance Coordinator" and deposit them via institutional mail or the locked drop box designated for grievances.
5. Inmates may also address their concerns or complaints with the appropriate Department Head during Staff Access and also during the weekly rounds by the institutional management staff:

Management /Staff Access schedule:

General Population - Monday, Wednesday and Friday

Minimum Units – Tuesday

Sampson Unit – Thursday

6. Inmates housed in the SMU or HSU can express their informal complaints to staff or management during normal rounds.

II. FORMAL GRIEVANCES

1. Inmates can obtain "Inmate Grievance Forms" (refer to Attachments C and D) from their housing unit officer or in the Inmate Library.
2. The Grievance form shall be completed within ten (10) working days from the incident or ten (10) working days of becoming aware of the situation in detail to include the inmate's name, commitment number, housing unit, date, and a brief explanation regarding the nature of the grievance.
3. If an inmate has an issue or problem filling out the grievance form, he may access the unit CPO or Institution Grievance Coordinator during Staff Access.
4. If an inmate has a language barrier issue then he may request to utilize the Telephonic Interpreter Service.


5. Inmates from general population, SHU and Medium units may submit their grievances via institutional mail or via the locked grievance drop box. All SMU inmates shall forward their grievances through the locked portable mailbox. An officer will carry the box from cell to cell each day.

III. Pickup and Location of the Grievance Drop Boxes

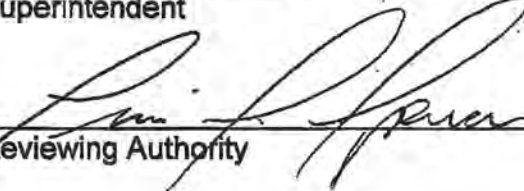
1. General Population and the Sampson Unit (SHU) have access to a locked grievance drop box in the program corridor at the top of the ramp in front of the Health Services unit and the mail box is located outside the inmate dining hall open daily at the noon meal Monday through Saturday excluding holidays. Grievances may also hand delivered to the IGC when available.
2. Minimum Unit inmates have access to a locked grievance drop box located in the entrance hallway of the Minimum A/B housing units. Grievances may also hand delivered to the Deputy Superintendent when available.
3. The Institutional Grievance Coordinator shall pick up grievances, informal complaints from the grievance drop box outside the Health Services Unit daily, Monday through Friday excluding weekends and holidays.
4. The Deputy Superintendent assigned to the minimum Unit shall be responsible to check the grievance drop box and submit grievances from the minimum unit to the Institutional Grievance Coordinator daily, Monday through Friday excluding weekends and holidays. During the absence of the Minimum Deputy Superintendent the Institutional Grievance Coordinator shall be responsible to report to the minimum unit to check the grievance box.
5. All mail addressed to the Institutional Grievance Coordinator or Informal Grievance Coordinator shall be forwarded to the appropriate coordinator.

IV. APPEALS

1. Inmates may obtain Appeal Forms in their Housing Unit or the Inmate Library.
2. The processing of Inmate Grievance Appeals shall be handled in accordance with **103 CMR 491 - Inmate Grievance**.



Superintendent 2/28/13
Date



Reviewing Authority 3/6/13
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
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. <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])