

Pondville Correctional Center

PCC 491 Inmate Grievances Procedure

In accordance with: 103 CMR 491 – INMATE GRIEVANCES POLICY



I. Informal Resolution (103 CMR 491.07)

- A. Inmates at Pondville Correctional Center are encouraged to communicate their issues informally to staff verbally or in writing via the informal complaint form (Attachment I).
- B. An inmate may file a written informal complaint by following the standard operating procedures for Informal Complaint Resolution. Informal written complaints shall be processed in the following manner:
 - 1. The Informal Complaint process shall be overseen by the Superintendent's Administrative Assistant I. Informal Complaint forms (Attachment I) are available in the inmate library and outside of the first floor Classification office.
 - Completed informal complaint forms shall be placed in the locked grievance box located outside of the first floor classification office.
 - The institution grievance coordinator (IGC) shall forward informal complaint forms submitted via the locked drop box to the Administrative Assistant I each business day.
 - 4. The Administrative Assistant I shall be responsible for submitting the Informal Complaint Resolution Report (Attachment III) to the Office of Administrative Resolution on a monthly basis.

II. Initiating a Grievance (491.10)

- A. The processing of inmate grievances shall be in accordance with 103 CMR 491 - Inmate Grievances.
- B. Location of Grievance Forms and drop boxes
 - Inmate Grievance forms are located in the inmate library and outside of the first floor Classification Office. Completed grievance forms should be placed in the locked drop box outside the Classification office.

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION INFORMAL COMPLAINT FORM

Inmate Name	Commitment #		Date	
Institution	Housing Unit			
CHECK OFF AREA OF CONCER	N (one issue per form allowed)			
HOUSING ASSIGNMENT/S	TATUSLAUNDRY	PROGRAMS	MAIL	FOOD
CLOTHING/LINEN EXCHA	NGE RELIGION	PROPERTY	visits	
LEGAL EXCHANGE	LIBRARY	PHONE	OTHER: _	2
State completely, but briefly,	, the single issue of concern and	d your requested resolut	tion	
ist any previous steps you h	nave taken to resolve your conc			
List any previous steps you h	(Use other side of page i			
nmate Signature	(Use other side of page is in preparing your request, it can ten (10) business days from the SIDE OF THE FIRST	f more space is needed) Date an be addressed more reddate of receipt. E INSTITUTION FLOOR CLASSI	GREIVANO	CE BOX
nmate Signature Note: If you follow instruction. eviewed and replied to within ONCE COMPLIA LOCATED OUT	(Use other side of page is in preparing your request, it can ten (10) business days from the ETED, PLACE IN THE SIDE OF THE FIRST DO NOT WRITE BELOW THIS L	f more space is needed) Date	GREIVANO IFICATION onse)	CE BOX OFFICE.
nmate Signature Note: If you follow instruction eviewed and replied to within ONCE COMPLICATED OUT	(Use other side of page is in preparing your request, it can ten (10) business days from the SIDE OF THE FIRST DO NOT WRITE BELOW THIS L	f more space is needed) Date In be addressed more reddate of receipt. E INSTITUTION FLOOR CLASSI INE (Reserved for Staff Response) Date Rec	GREIVANO	CE BOX OFFICE.
nmate Signature Note: If you follow instruction eviewed and replied to within ONCE COMPLICATED OUT	(Use other side of page is in preparing your request, it can ten (10) business days from the ETED, PLACE IN THE SIDE OF THE FIRST DO NOT WRITE BELOW THIS L	f more space is needed) Date In be addressed more reddate of receipt. E INSTITUTION FLOOR CLASSI INE (Reserved for Staff Response) Date Rec	GREIVANO IFICATION onse)	CE BOX OFFICE.
nmate Signature	(Use other side of page is in preparing your request, it can ten (10) business days from the SIDE OF THE FIRST DO NOT WRITE BELOW THIS L	f more space is needed) Date In be addressed more reddate of receipt. E INSTITUTION FLOOR CLASSI INE (Reserved for Staff Response) Date Received	GREIVANO IFICATION Duse)	CE BOX OFFICE.
nmate Signature Note: If you follow instruction eviewed and replied to within ONCE COMPLICATED OUT Received By Complaint: Has merit	(Use other side of page is in preparing your request, it can ten (10) business days from the SIDE OF THE FIRST DO NOT WRITE BELOW THIS L	f more space is needed) Date	N GREIVANO IFICATION conse) ceived N/A	CE BOX OFFICE.

Date

Decision By

INFORMAL COMPLAINT RESOLUTION

Attachment II

					LOG BC					
Inmate Name	Commitment Number	Date '	Incide Date	nt	Housing Unit	Concern	Referred To	Due Date	Complaint Decision	Resolution Decision
- 18 "	80	(A)								
			121		+					
		1: 3		-				3		
						8				1
Ť , ,	ļ -							4		
				*		4				
10										1
		-								
						,				
				3						

Complaint Decisions = HM (Has Merit) HSM (Has Some Merit) HNM (Has no Merit) N/A (Not Applicable)

Resolution Decisions = G (Granted) PG (Partially Granted) D (Denied) ARO (Alternate Remedy Offered) N/A (Not Applicable)

Informal Complaint Resolution Report

	Month			
	Institution			
A.	Total Complaints received during the	Month		
В.	Areas of Concern: (Note: The total in section B. should e	qual the total in section A.)		
	Housing Assignment/Status			
	Clothing/Linen Exchange			
	Legal Exchange			
	Laundry			
	Religion			
	Library			
	Programs	*		
	Property			
	Phone	-		
	Mail			
	Visits			
	Food			
	Other			
	TOTAL:	-		
C.	Complaint Decisions: (Note: the total in section C. should equ	ual the total in Section A.)		
	Has Merit			
4	Has Some Merit			
	Has No Merit			
	NA			

	Remain Pending	
	TOTAL	r i
D.	Resolution Decisions: (Note: the total in section D. should eq	ual the total in Section A.)
	Granted	
	Partially Granted	
	Denied	
	Alternate Resolution Offered	-
	Remain Pending	
	NA	3
	TOTAL	
Indic "Oth		d within the category designated as
Comp	pleted by:	Date: