



COMMONWEALTH OF MASSACHUSETTS  
DEPARTMENT OF CORRECTION  
MASSACHUSETTS TREATMENT CENTER  
PROCEDURAL ATTACHMENT TO:  
103 CMR 491 - INMATE GRIEVANCES



**PURPOSE:** The purpose of this procedural statement is to establish guidelines for inmates/Sexually Dangerous Persons/Temporary Civil Commitments to seek redress of alleged grievances. In addition to the requirements set forth in 103 CMR 491 - Inmate Grievances policy as well as the Department of Correction Inmate Grievance Procedures the following institutional guidelines shall be adhered to.

**I. INFORMAL PROCESSING**

- a. This facility shall adopt the Massachusetts Department of Correction Informal Complaint Resolution Standard Operating Procedures developed as an attachment to 103 CMR 491 approved on July 9, 2009 for the handling of informal complaints.
- b. Administrative personnel and other staff members are available outside the Inmate Dining Room (IDR) for Inmate Management Access Period during the noon meal on Tuesdays and Thursdays. Inmates/SDP's/temporary civil commitments may address issues with appropriate staff at this time. However, while inmates/SDP's/temporary civil commitments are encouraged to pursue informal measures prior to filing a formal grievance, they shall not be required to do so.
- c. Inmates may obtain an "Informal Compliant Form" from their housing unit staff or in the institution Library /Law Library.
- d. 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 form must then be submitted via institutional mail or deposited in the locked Institution Grievance Drop Box.
- e. Upon receipt, the Institutional Grievance Coordinator (IGC) will forward the informal compliant form to the Informal Compliant Coordinator for processing.

- f. The appropriate department head of the responsible supervisory staff person shall respond to the informal complaint 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.
- g. In instances where a formal grievance is filed, the IGC may extend time limits as outlined in 103 CMR 491- Inmate Grievances when the informal process was utilized by the inmate to resolve this matter in a good faith and timely manner.

## **II. FORMAL PROCESSING OF INMATES/SDP's/TEMPORARY CIVIL COMMITMENTS GRIEVANCES**

- a. Grievance forms (Form A) shall be readily available on housing units for all Inmates/SDP's/temporary civil commitments. Grievance forms may also be obtained from their assigned Correctional Program Officer, the IGC, and the Library.
- b. Grievance forms for general population inmates/SDP's/temporary civil commitments must be placed in the secured box labeled "Inmates Grievances" located outside the IDR. Grievance forms for MPU inmates/SDP's/temporary civil commitments will be collected daily by the housing unit officer and placed in the locked mailbox in the MPU trap. The Institution Grievance Coordinator, or alternate IGC, shall collect all documents from the Grievance box at least once each working day.

The mail officer will empty the MPU mailboxes each day excluding Sunday and forward the grievances to the IGC.

## **III. SPECIAL ASSISTANCE**

- a. The telephonic 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.
- b. The telephonic 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.
- c. Inmates who have disabilities are illiterate or require additional services are required to seek assistance from their case manager or other staff member.

#### IV. APPEALS

- a. Appeal forms (Form B) shall be readily available on housing units for all Inmates/SDP's/temporary civil commitments. Appeal forms may also be obtained from their assigned Correctional Program Officer, the IGC, and the Library.
- b. Once completed they will be forwarded via institutional mail to the Superintendent's office. Inmates may also utilize the locked grievance drop boxes. The IGC shall forward any grievance appeals received to the Superintendent on the day of receipt for processing.

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."

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Superintendent

Date

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Reviewing Authority

Date



COMMONWEALTH OF MASSACHUSETTS  
 DEPARTAMENTO DE CORRECCION  
 FORMULARIO DE QUEJA DE PRESO

<b>NOMBRE DEL PRESO:</b>	<b>PRESO #:</b>	<b>FECHA:</b>
<b>INSTITUCION:</b>		<b>FECHA DEL INCIDENTE:</b>
<b>INSTRUCCIONES:</b> Refiérase a 103 CMR 491, Políticas de Queja de Preso. En el <b>Bloque B</b> , dé un breve y comprensible resumen de su queja / asunto. Liste cualquier acción que usted ha tomado para resolver esta materia en <b>Bloque C</b> . Asegúrese de incluir la identidad del miembro del personal que usted ha contactado. Provea el remedio que usted solicita en <b>Bloque D</b> .		
<b>A. Cuando presente una Queja de Emergencia, seleccione Emergencia.</b>  <div style="text-align: center;">                 _____ <b>EMERGENCIA</b> </div>		
<b>B. Dé una breve y comprensible resumen de su queja / asunto. Si es necesario, use papel adicional.</b>  <div style="height: 150px;"></div>		
<b>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.</b>  <div style="height: 100px;"></div>		
<b>D. Provea el Remedio Solicitado.</b>  <div style="height: 100px;"></div>		

**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] )**



FORMULARIO "B"

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

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

TO Luis Spencer, Commissioner  
FROM Michael Corsini, Superintendent  
Massachusetts Treatment Center  
DATE October 7, 2013  
RE **103 CMR 491 - INMATE GRIEVANCES**

An internal annual review of **103 CMR 491 - INMATE GRIEVANCES** has been conducted. The Massachusetts Treatment Center will continue to adopt the requirements set forth in this policy as its institutional policy.

The attached institutional procedure has also undergone an annual review, due to extensive additional language and revisions please consider this document a total rewrite.

The current policy, which is dated 12/12/2012, is available on the Intranet.

MC/lap