

# INMATE GRIEVANCE PROGRAM MANUAL

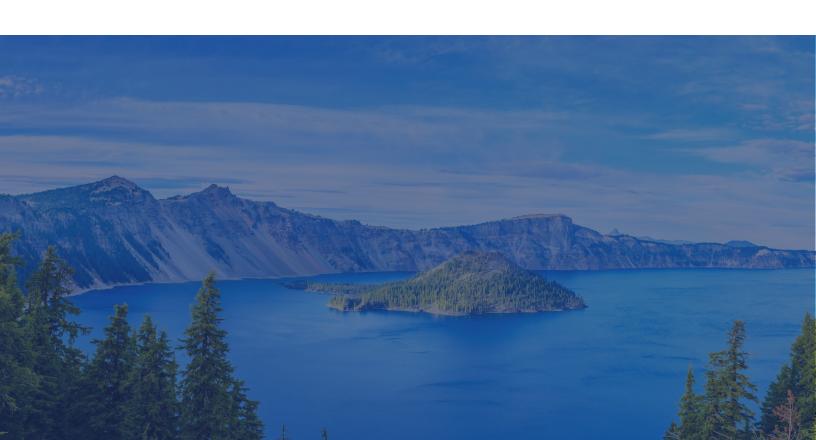




## **PURPOSE AND SCOPE**

To provide an internal grievance mechanism to resolve inmate complaints, reduce the need for litigation, and afford staff the opportunity to improve facility operations.

Revision Date: 03/20/2025



## l. Definitions



**Authorized Staff Member** – Administrators, grievance staff, Unit Manager/Lieutenants, Case Manager or Unit Sergeants and their designees.

**Designated Health Authority** – Regardless of local title, the individual at the facility or program level who is responsible for health services, as designated by the Responsible Health Authority.

**Disability** – Under the Americans with Disabilities Act, the term "disability" means, with respect to an individual: (A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having such an impairment.

**Emergency Grievance** – A grievance concerning matters that subject (or has subjected) an inmate to a substantial risk of immediate personal injury or serious harm; this includes serious mental health issues. This includes PREA-related matters.

Grievance - An individual complaint filed by an inmate concerning subject matter as outlined in this operational manual.

**Grievance Coordinator (GC)** – The staff member assigned to administer, investigate, and respond to inmate grievances. The responsibilities of this position may also apply to that person's designee.

**Grievance Manager** – The staff member assigned to supervise, implement, and monitor the inmate grievance program for the Department of Corrections.

Health Services – All necessary services including medical, dental, vision, and mental health.

**Health Services Grievance** – A grievance concerning matters of health services care and judgment. Includes matters of medical, vision, dental, mental health, chemical dependency, and sex offender treatment care.

Informal Resolution - An individual complaint filed by an inmate as the first step outlined in this manual.

**Inmate** – As used in this manual, this term refers to inmates housed in secure facilities *and* offenders in Department-operated prerelease centers.

**Medical Director** – The physician(s) designated by the Health Services Bureau Chief to oversee clinical practice decisions requiring medical judgments for offenders under Department jurisdiction.

Not Processed Grievance – A grievance that is returned to the inmate with explanation of the violation of the manual.

Policy / Operational Procedure Grievance - A grievance concerning changes to written policies and/or procedures.

Responsible Health Authority – The Health Services individual or entity that is tasked with overseeing and ensuring the organization and delivery of all healthcare in the Department. When the RHA is a state, regional, national or corporate entity, there is also a designated individual at the local facility who is on-site to ensure the delivery of quality, accessible, and timely healthcare for offenders.

**Staff Conduct Grievance –** A grievance about prohibited conduct as defined in *DOC 1.3.12 Staff Association and Conduct with Offenders*.

**Standard Grievance** – A grievance about matters not otherwise specifically categorized in this manual.

## II. GeneralRequirements



#### A. Grievable and Non-Grievable Issues

#### 1. Grievable:

- a. Grievable issues include but are not limited to: health care, staff conduct, written policy or manuals, and standard grievance matters such as property, food service, conditions of confinement, program access (such as access to vocational education, treatment, or employment), religious issues, or provision or denial of an accommodation to a prisoner with a disability. All grievances should show in some manner how the inmate has been personally adversely affected.
- b. Grievances regarding the Department and the facility's written policies and operational procedures must specifically demonstrate with factual basis that the inmate filing the grievance has been, in some manner, unfairly or personally adversely affected by the application or operation of a policy or operational procedure.

#### 2. Non-Grievable:

- a. actions by outside entities not under the jurisdiction of the Department of Corrections (Department), including the Sentence Review Board and Board of Pardons and Parole; and
- b. classification, disciplinary, and any other decisions that are subject to a separate appeal process or administrative review process.

### 3. Accommodations for Inmates with Disabilities During the Grievance Process:

- a. If an inmate is unable to complete any grievance form, as a result of a physical or mental disability, staff shall assist the inmate in completing the form. The inmate will be required to report the grievance or, if appropriate, intent to appeal the grievance to unit staff and request assistance. Once unit staff have communicated with the individual, staff shall assist the inmate in completing the requisite form. A staff member who is unable to sufficiently communicate with the individual shall request the assistance of appropriate staff or other persons with requisite training, such as the inmate ADA Coordinator. All information shared between the individual inmate and staff shall be confidential from other inmates and unnecessary staff and shall not be disclosed other than to enable the inmate to file or otherwise pursue the grievance or ensure that an appropriate accommodation is provided in the grievance process. If assistance is provided, an appropriate notation shall be made in the offender management system.
- b. If the inmate, as a result of physical or mental disability, would be unable to sufficiently understand a written response provided to a grievance or to an appeal of a grievance, the inmate ADA coordinator and/or designee shall meet with the inmate to discuss: the decision; if applicable, the process for appealing the decision; and the timeframe within which the appeal must be filed. This accommodation shall be documented in the inmate's institutional record and in the offender management system. All information shared between the individual inmate and staff shall be confidential from other inmates and unnecessary staff and shall not be disclosed other than to enable the inmate to file or otherwise pursue the grievance or to ensure that an appropriate accommodation is provided in the grievance process.
- c. If assistance is provided or any requirement is waived, an appropriate accommodation notation shall be made in the offender management system.



### 4. Protection Against Reprisal and Ensuring Confidentiality:

- a. Staff will not harass, punish, or discipline an inmate for utilizing the inmate grievance process. Employees will be subject to disciplinary action if they violate this prohibition.
- b. Complaints and all levels of grievances will not be discussed or shared with staff or inmates not actively involved in the resolution of the grievance unless there are safety/security concerns.
- c. Prior to disclosure of any grievance to the public, the inmate will be notified of the disclosure and given an opportunity to consent or object to the disclosure. If the inmate objects to disclosure, the Department will balance the inmate's right to privacy against the public's right to know in determining whether the grievance should be disclosed.
- d. Inmates will not be given investigative reports/note sheets and written testimony from staff or other inmates. Such documents often contain sensitive information and therefore will be considered confidential.
- e. Unless required by law or policy, Department findings in any employment investigation or action related to a grievance will not be released to the inmate as they are confidential.
- f. All grievance documents will be placed only in the grievance files maintained by the Grievance Coordinator (GC). They will not be copied to other files.

#### 5. Inmate Abuse of the Grievance Program:

- a. Abuse of the grievance process by an inmate may include but is not limited to: submitting an excessive number of grievance forms, submitting multiple grievances in reference to the same issue(s), or filing a grievance about missing property for items never purchased.
- b. If an inmate demonstrates a pattern of abuse of the inmate grievance program, the Warden / Facility Administrator or designee will notify the inmate in writing that such actions are creating an administrative burden at the expense of legitimate complaints. The abuse notice will contain specific reasons for the decision and notify the inmate that the GC will return future grievances that demonstrate a continued pattern of abuse. Abuse notices are not subject to appeal.
- c. The GC will log, assign a case number, and return any future grievances demonstrating a continued pattern of abuse to the inmate with the issue unanswered. The GC will explain the action in the log, on the grievance, and to the Unit Manager (UM) / Lieutenant (LT) or designee.
- d. If an inmate submits a grievance that is in violation of the inmate's abuse notice, the GC will not process it and will notify the inmate that the inmate's right to resubmit is forfeited.
- e. If an inmate is transferred to a contract facility, that facility's Warden / Facility Administrator or designee has the authority to continue or discontinue the abuse notice. The Warden / Facility Administrator or designee will provide the decision in writing to the inmate.



#### 6. Access to Information:

- a. All inmates will have access to a copy of this manual, regardless of their classification, disciplinary, or administrative status. Copies will be maintained in inmate libraries.
- b. The GC or designee will ensure newly received inmates and newly hired staff are given an opportunity to review this manual, ask questions, and receive answers.
- c. While resolving a formal inmate grievance complaint, the GC or designee will have access to essential records for grievance resolution. The inmate's grievance form waives confidentiality in this regard.
- d. This operational manual will be available in English and any other language spoken by 10% or more of the inmate population. The assigned UM or designee will assist inmates who do not speak a language spoken by a significant portion of the inmate population and inmates who are visually or otherwise impaired. The UM or designee will explain how to complete grievance forms and file, appeal, and resolve grievances.

### 7. Remedies and Actions Requested:

- a. The grievance process will afford a grievant a meaningful remedy for valid grievances. The scope of available administrative remedies is broad and should be applied on a case-by-case basis. Possible remedies include, but are not limited to:
  - 1) modification of institutional operation manuals/procedures or practices;
  - 2) replacement, restoration, or restitution of personal property; and
  - 3) other remedies identified by the inmate that will meaningfully solve the problem presented. The inmate must be specific with the request.
- b. If the action requested violates any of the following criteria, the GC will return the grievance without processing:
  - 1) For monies requested:
    - a) Must not be of punitive nature; and
    - b) Cannot exceed the actual financial damages incurred. Substantiated inmate claims of property loss or damage by staff may be reimbursed by the GC or staff with authority to spend from an assigned budget. The GC will review the purchase history for all items claimed in the grievance.
      - (1) However, there will be limits imposed on perishable items.
        - (a) Perishable items are claimable for two months.
  - An investigation request is the only acceptable action request regarding all staff conduct claims. Requests for termination, reprimand, or apology letters will not be accepted and the grievance will be returned as not processed.
  - 3) If the action requested on a formal grievance or appeal is not the same as the request on the previously filed grievance form, the GC will return the grievance or appeal as not processed. The action requested must be the same on all levels.

#### 8. Time Limits, Extensions, and Exhaustion:

- a. The maximum length of time for completion of the grievance process is 180 calendar days, from initiation to final disposition. *Attachment A: Grievance Flowchart* summarizes the process and clearly identifies the applicable time frames.
- b. With respect to all time limits established for inmates, extensions may be granted by the GC for good cause shown in exceptional circumstances such as physical incapacity or being in transit while separated from relevant documents.
- c. Staff may only exceed the time limits for good cause and with written notice to the inmate on *Attachment H: Grievance Response Extension Notification*.
- d. If an inmate fails to receive a timely response from a staff member as set forth in this manual, the inmate may consider the grievance as denied and file the appropriate forms to advance to the next level of the grievance program.
- e. If an inmate fails to advance to the next level of the grievance program within the stated time limit, the inmate will be considered to have forfeited the opportunity to exhaust administrative remedies under the inmate grievance program.
- f. An inmate whose requested action is granted will not be allowed to appeal the decision, and it is understood the inmate has exhausted all administrative remedies.
- g. An inmate whose action is partially granted will be allowed to appeal only the action that was denied.
- h. An inmate who has exhausted the administrative remedies available under this manual with respect to a specific issue or event may not grieve the same specific issue or event again.

## III. Grievance Steps and Filing



## A. Informal Resolution (Step 1)

- 1. Except as provided below regarding emergency grievances, an inmate must first present an issue of concern on the *Attachment B: Inmate Informal Resolution* form to the inmate's assigned Unit Manager (UM) /Lieutenant (LT) or designee within five working days of the action or omission that caused the complaint, in an attempt to resolve the issue before filing a formal grievance. The following requirements apply:
  - a. An inmate who submits an issue of concern on a form other than those provided risks having it returned as not processed;
  - the inmate will complete Attachment B: Inmate Informal Resolution with all requested identifying information, and legibly and clearly state the issue in the space provided on the form. If more space is needed, the inmate may use up to one Attachment D: Inmate Grievance Continuation Page;
  - c. the inmate will describe a single issue or a reasonable number of closely related issues on the form. If the inmate includes multiple unrelated issues on a single form, the UM / LT or designee will reject and return document as not processed and advise the inmate to use a separate form for each unrelated issue. The inmate will have 48 hours from receipt to make the necessary changes. If the resubmission is late, the form will be rejected and returned as as not processed. The inmate is allowed only one resubmission; if the resubmission continues to violate the process it will be returned as not processed;
  - d. if two or more inmates file issues on the same informal resolution form, the UM / LT will return it to the inmate(s) unprocessed; and
  - e. if the inmate has previously grieved the issue to the UM/LT, the UM/LT or designee will return the informal resolution as not processed with a written explanation.
- 2. The UM/LT or designee will investigate and attempt to resolve the issue informally and provide a written or typed response that contains specific, explanatory reasons for any decision to assist the inmate's understanding of the decision; the response will be provided to the inmate on Attachment B: Inmate Informal Resolution within 20 working days of receipt of the form. The written/typed response will be hand delivered to the inmate by an authorized staff member for signature.
- 3. The UM/LT or designee must attach all documentation that was used to support disposition of the informal resolution for the grievance file.
- 4. Except for the Department Director, any person implicated in an informal resolution will not participate in the decision-making process concerning the grievance.
- 5. If the UM/LT or designee refers the issue to a more appropriate area for response, the action and date of referral must be documented. The receiving staff member will thoroughly address the issue and notify the inmate if an answer cannot be provided before the established 20-working-day deadline. The response to the informal resolution will be routed back to the UM/LT to be delivered by an authorized staff member for signature by the inmate.
- 6. An inmate wishing to file a formal grievance must do so within 5 working days from the date the inmate received the informal resolution response. If the inmate doesn't receive a response within 25 working days, the inmate may proceed by filing a formal grievance. The inmate must file the formal grievance within the next 5 working days.

## B. Formal Grievance (Step 2)

- 1. The inmate will only use the forms provided by the grievance office to file a formal grievance. If an inmate submits a grievance on a form other than those provided by the grievance office, the GC will reject it.
- 2. The inmate will complete *Attachment C: Inmate Formal Grievance* with all requested identifying information, and legibly and clearly state the issue in the space provided on the form. If more space is needed, the inmate may use up to one *Attachment D: Inmate Grievance Continuation Page*.
- 3. The inmate will state the name of every individual against whom the inmate is making the claim.
- 4. The inmate will describe a single issue or a reasonable number of closely related issues on the form. If the inmate includes multiple unrelated issues on a single form, the GC will reject and return the document as not processed and advise the inmate to use a separate form for each unrelated issue. The inmate will have 48 hours from receipt to make the necessary changes. If the resubmission is late or fails to correct the grievance as directed, the GC will reject the grievance and return as not processed. The inmate is allowed only one resubmission.
- 5. The inmate will provide copies of all documentation essential to the resolution of a grievance, including *Attachment B: Inmate Informal Resolution* with staff response. If the inmate does not provide a copy of the *Inmate Informal Resolution*, they risk having the grievance returned by the GC without processing. Therefore, inmates are encouraged to retain a copy of all exhibits for their personal records. After responding to the grievance, the GC will return the original documents to the inmate; the GC will maintain all copies of the supporting documents in the grievance file.
- 6. The inmate is required to utilize the grievance locked box for submitting all steps of grievance except for grievances that are considered emergent. (If the inmate chooses to send the grievance forms through the mail, they risk having the grievance returned as not processed due to being untimely.) The locked box ensures the form is confidential and recorded as received by the GC.
- 7. If two or more inmates file a grievance on the same form, the GC will return it to the inmate(s) unprocessed.
- 8. Inmates may obtain assistance from staff or other inmates to file a grievance form, but an inmate may not submit a grievance form on behalf of another inmate; the GC will return it to the inmate as not processed.
- If the grievance or requested remedy is unclear, the GC or other staff shall meet with the inmate for clarification. Staff may also consult with the inmate ADA Coordinator and if they do so, that consultation shall be documented in the offender management system.
- 10. The GC will determine whether the grievance form is complete and will return an incomplete grievance form to the inmate stating why it is not being processed. The inmate may resubmit the grievance form with the appropriate corrections but must do so within 48 hours. If the resubmitted grievance is submitted late, the GC will reject it. The inmate is allowed only one resubmission.
- 11. If an inmate raises any issue that was not raised in the previous level of filing during the steps of grieving an issue, or changes the action requested, the GC will return the form to the inmate stating why it is not processed.
- 12. If an inmate combines grievances of separate previous level responses into a single grievance, the GC will return the form to the inmate stating why it is not processed.

#### 13. Staff Conduct Grievance:

- a. The staff conduct grievance process consists of the following:
  - The GC will immediately forward any grievance that fits the specific criteria noted in DOC 1.3.12 Staff Association and Conduct with Inmates to the Warden / Facility Administrator or designee;
  - 2) The Warden / Facility Administrator or designee will provide a written response to the inmate within 20 working days of receipt of the grievance. The response will include instructions to the inmate for appealing the decision to the Corrections Director if the action requested is denied or granted in part; and
  - 3) The GC will return the response to the inmate. If the action requested is denied or granted in part, the GC will inform the inmate that the inmate has five working days to submit an appeal to the GC, who will forward the appeal to the Corrections Director.
- 14. Policy, Procedure, or Operational Manual Grievances:
  - a. The GC will forward any grievance about changes to formal policy or operational manuals to the Warden / Facility Administrator or designee;
  - b. The Warden / Facility Administrator or designee will convene an operational manual / policy committee as deemed necessary and will provide a written response to the inmate within 20 working days of receipt of the grievance. The response will include instructions to the inmate that the inmate may appeal the decision to the Department Director; and
  - c. The GC will return the response to the inmate and will inform the inmate that the inmate has five working days to submit an appeal to the GC, who will forward the appeal to the Department Director.

## C. Warden Appeal (Step 3)

- 1. The appeals process is as follows:
  - a. An inmate wishing to appeal the GC's response may do so by submitting Attachment E: Inmate Grievance Appeal to Warden / Facility Administrator and any additional documentation to the GC within five working days of receipt of the response to the grievance. If more space is needed, the inmate may use up to one Attachment D: Inmate Grievance Continuation Page. The GC will determine whether Attachment E: Inmate Grievance Appeal to Warden / Facility Administrator has been properly filed, attach all documentation, and promptly forward the Appeal to the Warden / Facility Administrator or designee. The GC will return any improperly filed appeal to the inmate with a written statement indicating why it is not being processed.
  - b. Within 20 working days of receipt of the *Appeal*, the Warden / Facility Administrator or designee will review the grievance and provide a written response to the inmate, specifying the reasons for any decision. The Warden / Facility Administrator or designee will include instructions to the inmate that the inmate may appeal the decision to the Department Director.
  - c. The GC will return the response to the inmate. If the action requested is denied or granted in part, the GC will notify the inmate that the inmate has five working days from receipt to submit an appeal of the decision to the GC, who will forward it to the Corrections Director.

## D. Director Appeal (Step 4)

- An inmate wishing to appeal a response from the Warden / Facility Administrator or Department Medical Director or designee (or the Department Dental Director if it involves dental judgment) must submit Attachment F: Inmate Grievance Appeal to Corrections Director and any additional documentation to the GC within five working days of receipt of the response. If more space is needed, the inmate may use no more than one Attachment D: Inmate Grievance Continuation Page.
  - a. The GC will determine whether the *Appeal* has been properly filed. The GC will return any improperly filed *Appeal* to the inmate stating why it is not being processed.
  - b. If the *Appeal* has been properly filed, the GC will attach all documentation and promptly forward the *Appeal* to the Department Director for review. An inmate may not raise in an appeal any issue that was not raised in the lower-level filings and may not combine appeals of separate lower-level responses into a single appeal.
- 2. The Department Director or designee will respond to an emergency grievance within 10 working days of receipt of the grievance and appeal. The Department Director or designee will respond to all other appeals within 20 working days of receipt of the grievance and appeal. The Department Director or designee will review the grievance and provide a written response to the inmate, specifying the reasons for any decision. The GC will return the response to the inmate.
- 3. The Department Director's response is final and exhausts all administrative remedies available to the inmate through the inmate grievance program.

## E. Other Grievances

#### 1. Health Service Grievances

- a. The GC and the Designated Health Authority or designee will determine whether a grievance alleging problems related to health services will be handled as a standard or a health services grievance. This includes the following:
  - 1) if it involves health services judgment, the Designated Health Authority or designee will take the grievance and process it; and
  - 2) if the grievance doesn't involve health services judgment, the GC will take the grievance and process it as a standard grievance.
- b. Prior to responding to the grievance, the Designated Health Authority or designee will confer with the health care provider and will provide a copy of the grievance and the Designated Health Authority's proposed response to the Department Medical Director or designee (or the Department Dental Director if it involves dental judgment).
- c. The Designated Health Authority or designee will provide a written response to the GC within 20 working days of receipt of the grievance, including instructions for appealing the decision to the Department Medical Director or designee (or the Department Dental Director if it involves dental judgment).
  - 1) The GC will deliver the Designated Health Authority's response to the inmate and inform the inmate that the inmate has five working days to submit *Attachment E: Inmate Grievance Appeal to Warden / Facility Administrator* to the GC.
  - 2) Upon receipt of the *Appeal*, the GC will copy the Warden / Facility Administrator and forward the *Appeal* to the Responsible Health Authority or designee.

- 3) The Department Medical Director or designee (or the Department Dental Director or designee if it involves dental judgment) will provide a written response within 20 working days of receipt of the appeal, including instructions to the inmate that the inmate may appeal the decision to the Department Director or designee. The Responsible Health Authority or designee will return the response to the GC.
- 4) The GC will deliver the Responsible Health Authority's or designee's appeal response to the inmate. If the action requested is denied or granted in part, the GC will inform the inmate that the inmate has five working days to submit *Attachment F: Inmate Grievance Appeal to Corrections Director* to the GC.
- 5) Upon receipt of the Appeal, the GC will forward it to the Department Director or designee.

#### 2. Emergency Grievances:

- a. Inmates alleging actual, or risk of, immediate physical harm may file a formal emergency grievance.
- b. The inmate will specify on *Attachment G: Inmate Emergency Grievance* the exact nature of the issue and why the issue is considered an emergency. The inmate has 48 hours from the incident to file a formal emergency grievance except issues that are not barred from filing, such as a PREA or ADA claim.
- c. The inmate will submit the completed Attachment G: Inmate Emergency Grievance to the GC or to the Shift Commander in the GC's absence. Any inmate alleging an emergency grievance issue may obtain assistance from any staff member to ensure the Emergency Grievance is delivered to the GC or Shift Commander. The GC or Shift Commander will determine whether the issue is a legitimate emergency and will forward legitimate emergency grievances to the Warden / Facility Administrator or designee for processing.
- d. The Warden / Facility Administrator or designee will respond to the inmate in writing within 48 hours of receipt of the *Emergency Grievance*. The GC may extend this time frame, but only for an additional 48 hours. The GC will inform the inmate in writing of any time frame extension.
- e. The inmate may appeal the Warden / Facility Administrator's response to the *Emergency Grievance* to the Department Director by submitting a completed *Attachment F: Inmate Grievance Appeal to Corrections Director* to the GC within five working days of receipt of the response. The GC will promptly forward the *Appeal* to the Department Director. The Department Director will respond to all legitimate emergency grievances in writing within 10 working days of receipt.
- f. If the issue is determined not to be a legitimate emergency by the GC, Shift Commander, Warden / Facility Administrator, or designee, the GC will return the grievance to the inmate within 48 hours, with a written response specifying why the issue is inappropriate as an emergency. The inmate may not appeal the decision to return the grievance as non-emergent. The inmate then has five working days to pursue the issue as a standard grievance, beginning with submission of an informal resolution form.

### 3. Grievances Alleging Sexual Abuse:

- a. A grievance alleging sexual abuse, or any portion thereof that alleges the substantial risk of imminent sexual abuse:
  - 1) will immediately be forwarded to a level of review at which immediate corrective action may be taken;
  - 2) an initial response will be provided within 48 hours;
  - 3) a final decision will be made within five calendar days; and
  - 4) the initial response and final decision will document the determination whether the inmate is at substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.
- Inmates alleging sexual abuse must not be required to use an informal grievance system nor

- must they be required to resolve such a grievance with staff or submit the grievance to the staff member who is the subject of the complaint, and the grievance will not be referred to the staff member who is the subject of the complaint.
- c. There will be no time limit placed on the filing of a grievance alleging sexual abuse. Applicable time limits may be applied to any portion of a grievance that does not allege an incident of sexual abuse.
- d. A final decision on the merits of any portion of a grievance alleging sexual abuse must be issued within 90 days of the initial filing of the grievance. This does not include time consumed by the inmate in preparing any appeals.
- e. If the 90-day time period for response is insufficient to make an appropriate decision, an extension of up to 70 days may be allowed to respond. The inmate must be notified in writing of any such extension and provided a date by which a decision will be made.
- f. At any level of the process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be a denial at that level.
- g. Third parties are permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of an inmate, with the following exceptions:
  - 1) adult inmates must give permission for the third party to file requests and must personally pursue any subsequent steps in the grievance process;
  - 2) if the alleged victim is a juvenile, a parent or legal guardian is allowed to file a grievance, including appeals, on behalf of the juvenile without the agreement of the juvenile;
  - 3) if the alleged victim is a juvenile and the third party is not a parent or legal guardian, the facility may require the juvenile to agree to have the request filed on the juvenile's behalf and may require the juvenile to personally pursue any subsequent steps in the grievance process;
  - 4) if the inmate declines to have the request processed on the inmate's behalf, the facility will document the inmate's decision.

## IV. Grievance Coordinator Responsibilities



## A. Processing by Grievance Coordinator

- 1. The GC will act as follows:
  - a. determine into which category the issue falls and log the grievance upon receipt;
    - 1) Note: Emergency issues will be screened for actual emergent nature. The GC or Shift Commander will immediately forward staff conduct, operational manual, and actual emergent nature grievances to the Warden / Facility Administrator or designee. The GC or Shift Commander will confer with the Facility Health Administrator (FHA), or designee, to determine whether a grievance filed as a health services issue should be deemed standard or health services related. The FHA, or designee, will process those deemed health services issues.
  - b. immediately return any incomplete or improperly filed grievance to the inmate;
  - c. respond to a standard grievance within 20 working days of receipt;
  - d. document the basis of any decision in the response to the inmate;
  - e. retain all documentation regarding the grievance in the grievance files, including all efforts to resolve the grievance;
  - f. record all steps of the grievance and any appeals in a grievance log;
  - g. deliver all responses to inmates;
  - h. forward all appeals to the appropriate person; and
  - i. review and discuss ADA-related grievances with a multidisciplinary team. The GC will coordinate with appropriate staff including medical to resolve the grievance and provide a response. If the GC receives an ADA-related grievance that is unclear or does not otherwise conform to this manual, the GC will meet with the inmate as stated in this manual. This will ensure that an ADA grievance that does not conform to requirements due to an inmate's disability will not be returned unprocessed.

## B. Responding to the Formal Grievance

- The GC, or designee, will respond to all properly filed grievance forms within 20 working days. All
  responses will be either written or typed, and will contain specific, explanatory reasons for any
  decision to assist the inmate's understanding of the decision. Additionally, staff must clearly mark
  whether the action is granted, denied, or granted in part on the form.
- 2. The staff member providing the written or typed response will legibly sign and date it. The written or typed response will be hand delivered to the inmate by an authorized staff member for signature.
- 3. Except for the Department Director, any person implicated in a formal inmate grievance will not participate in the decision-making process concerning the grievance.
- 4. Staff members will include instructions either verbally or in writing to the inmate on how to advance the grievance issue to the next level, or for proper completion of the appeal form.
- 5. An inmate wishing to file an appeal must do so within five working days from the date the inmate received the formal level response. If the inmate doesn't receive a response to the formal grievance within 25 working days, the inmate may proceed by filing an appeal without formal response. Appeals are not located in the housing units; therefore, the inmate must submit an OSR to the GC to obtain the appeal. The inmate must file the appeal within the next 5 days of receipt of the form.

## C. Distribution, Submission, and Collection of Forms

- 1. All formal grievances and appeals will be processed through the GC or designee. The GC will distribute applicable forms to each housing unit, where they will be freely available to inmates from housing unit staff.
- After filing an informal resolution, the inmate may submit a written statement of the issue by filling out
   Attachment C: Inmate Formal Grievance and placing it in the locked collection box. The GC or
   designee will collect grievance forms on a routine basis from locked collection boxes and directly from
   restricted housing inmates no less than once per 40-hour week.

## V. ATTACHMENTS



Attachment A: Grievance Flowchart

Attachment B: Inmate Informal Resolution

Attachment C: Inmate Formal Grievance

Attachment D: Inmate Grievance Continuation Page

Attachment E: Inmate Grievance Appeal to Warden / Facility Administrator

Attachment F: Inmate Grievance Appeal to Corrections Director

Attachment G: Inmate Emergency Grievance

Attachment H: Grievance Response Extension Notification

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|---|---|--|
| Informal Resolution   | Standard Formal Grievance   | Emergency Grievance  |
| Grievable incident occurs   | GC logs, investigates, and responds:  1. 20 working days 2. Grant/grant in part/deny  GC gives response to inmate.  | Bypasses Informal Resolution due to its nature   |
| Inmate attempts to resolve with staff involved.  1. 5 working days 2. May take issue to UM/CM for assistance and to Attachment B: Inmate Informal Resolution            | If inmate appeals:  1. 5 working days  2. Files Attachment E: Inmate Grievance Appeal to Warden / Facility Administrator with GC  GC attaches all documentation and forwards to Warden / Facility Administrator | Inmate (48 hours) gives grievance to one of the following:  1. Grievance Coordinator;  2. Unit Supervisor; or  3. Shift Commander  Unit Supervisor forwards to either:  1. Grievance Coordinator; or  2. Shift Commander  Shift Commander or Grievance Coordinator determines if grievance meets emergency criteria (ASAP) and forwards to Warden / Facility Administrator |
| UM/CM/Involved Staff respond to informal resolution request  1. 20 working days  2. Grant/deny/grant in part/find alternative resolution  3. Deliver response to inmate | <ul> <li>Warden / Facility Administrator</li> <li>1. 20 working days</li> <li>2. Grant/deny/grant in part/return to GC for further review.</li> <li>GC gives response to inmate.</li> </ul>                     | <ul> <li>Warden / Facility Administrator</li> <li>1. 48 hours</li> <li>2. +48 hours (with written notice)</li> <li>3. Grant/grant in part/deny/return as not emergent</li> <li>GC gives response to inmate.</li> </ul>   |
| If inmate is satisfied, issue is considered resolved and no further action is taken  Informal resolution paperwork forwarded to   | If inmate appeals  1. 5 working days  2. Inmate files Inmate Grievance Appeal to Corrections Director with GC  GC attaches all documentation and forwards to Department   | If inmate appeals:  1. 3 working days  2. Inmate files appeal to Department Director with GC.  GC attaches all documentation and forwards to Department Director.  |
| GC for recording.  If inmate is not satisfied  1. 5 working days  2. Submit formal grievance to GC  | Director  Department Director  1. 20 working days  2. Grant/deny/grant in part/return to GC or Warden / Facility Administrator for further review.  | Department Director  1. 10 working days  2. Grant/deny/grant in part/return to GC or Warden/Facility Administrator for further review  |
|   | GC gives response to inmate.  | GC gives response to inmate.   |
|   | This exhausts the available Department of Corrections administrative remedies   | This exhausts the available Department of Corrections administrative remedies  |

| NONTARY OF COLL   | ATTACHMENT A: GRIEVANCE FLOWCHART (continued)   |   |  |
|---|---|---|--|
| Health Services   | Policy/Manual   | Staff Conduct   |  |
| GC logs and forwards to Facility Health Administrator (FHA) or designee. ASAP   | GC logs and forwards to Warden / Facility Administrator ASAP  | GC logs and forward to<br>Warden / Facility<br>Administrator<br>ASAP  |  |
| FHA Confers with provider, notifies Department Medical / Dental Director, and responds: 1. 20 working days 2. Grant/deny/grant in part  GC gives response to inmate. If inmate appeals:   | Warden / Facility Administrator:  1. 20 working days  2. Grant/grant in part/deny/return to GC for further review  GC gives response to inmate.  If inmate appeals:   | Warden / Facility Administrator  1. 20 working days 2. Grant/deny/grant in part/return to GC for further review  GC gives response to inmate. If inmate appeals:  |  |
| <ol> <li>5 working days</li> <li>Inmate files Inmate Grievance         Appeal to Corrections Director         with GC.</li> <li>GC attaches all documentation,         copies Warden / Facility         Administrator, and forwards to         Department Medical / Dental         Director.</li> </ol> | 1. 5 working days 2. Inmate files Inmate Grievance Appeal to Corrections Director to Department Director with GC.  GC attaches all documentation and forwards to Department Director.                         | 1. 5 working days 2. Inmate files Inmate Grievance Appeal to Corrections Director with GC. GC attaches all documentation and forwards to Department Director.   |  |
| Department Medical / Dental Director  1. 20 working days 2. Grant/grant in part/deny  GC gives response to inmate.  | Department Director:  1. 20 working days 2. Obtains legal review before final decision 3. Grant/grant in part/deny/return to Warden / Facility Administrator for further review  GC gives response to inmate. | Department Director:  1. 20 working days 2. Obtains HR review before final decision 3. Grant/grant in part/ deny/return to Warden / Facility Administrator for further review  GC gives response to inmate. |  |
| If inmate appeals  1. 5 working days  2. Inmate files Inmate Grievance Appeal to Corrections Director with GC   | This exhausts the available Department of Corrections administrative remedies   | This exhausts the available Department of Corrections administrative remedies   |  |
| GC attaches all documentation and forwards to Department Director  Department Director  1. 20 working days  2. Obtains Legal review before final decision  3. Grant/deny/return to GC  GC gives response to inmate.   |   |   |  |
| This exhausts the available<br>Department of Corrections<br>administrative remedies   |   |   |  |



## ATTACHMENT B: INMATE INFORMAL RESOLUTION

|                    |  |   | erelease ⊔ Contracted S            | <u> </u>   |
|--------------------|--|---|------------------------------------|--|
| Name:              |  | DOC ID #:   | Housing:                           | Date:  |
| description of any | evidence, and nam                          | es of any witnesses. <b>Na</b> r                    |                                    | curred, names of staff involved<br>e subject of this issue. WHAT<br>to get the issue resolved? |
| Action Requested   | l:   |   | \Q                                 | )  |
|                    | pelow, I waive cont<br>th of all my statem |   | ds necessary to investigate        | and resolve my complaint   |
| Inmate Signature:  | :  |   | +                                  |  |
| Response:          |  |   |                                    |  |
| Requested action   | is granted                                 | granted in part                                     | denied not proce                   |  |
| Note to inmate:    | You have the right to                      | grieve if this response does                        | s not satisfy you, with the except | tions of granted or not processed.   |
| Respondent Signa   | ature:                                     |   | Title:                             | Date:  |
| I acknowledge by   | y my signature b                           | elow that I have receiv                             | ved this response.                 |  |
| Inmate Signature:  |  |   | Date                               | e:   |
|                    |  | nitted within 5 working d<br>e collection lock box. | lays after you receive this res    | sponse. Place copies of all  |
|                    |  |   |                                    |  |
|                    |  | For official use only; do no                        | ot write in this space             |  |
| Received by:       |  | Date:   | Gri                                | ievance #:   |



## ATTACHMENT C: INMATE FORMAL GRIEVANCE

| Name:   | DOC ID #:                            | Housing:                  | Date:  |
|---|--------------------------------------|---------------------------|--|
|   | nd names of any witnesses. <b>Na</b> | me the person(s) you ar   | o resolve, names of staff involved<br>e grieving. WHAT did they do?<br>problem resolved? |
|   |                                      |                           |  |
| Action Requested:   |                                      | 10                        |  |
| and certify the truth of all my                           | statements on this form.             | ds necessary to investiga | ate and resolve my complaint   |
| Inmate Signature:   |                                      |                           |  |
| Response:   |                                      |                           |  |
| (   | 9                                    |                           |  |
|   | granted in part                      | <del></del>               | ocessed ceptions of granted or not processed.  |
|   |                                      |                           | Date:  |
| Notification to inmate: You                               | have the right to appeal this i      | esponse to the next leve  | I.   |
| I acknowledge that I have red                             | ceived this response. I do / do      | o not intend to appeal to | the next level.  |
| Inmate Signature:   |                                      | Date:                     |  |
| Your appeal, if any, must be pertinent information in the |                                      |                           | is response. Place copies of all   |
| Descrived by:   |                                      | o not write in this space | Crisyanas #  |
| Received by:  | Date.                                |                           | Grievance #:   |



## ATTACHMENT D: INMATE GRIEVANCE CONTINUATION PAGE

\*Note: Only one continuation page may be used.

| Name: | DOC ID #: | Housing:       | Date: |  |
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## ATTACHMENT E: INMATE GRIEVANCE APPEAL TO WARDEN / FACILITY ADMINISTRATOR

| Name:                        | DOC ID #:                             | Housing:                     | Date:                |
|------------------------------|---------------------------------------|------------------------------|----------------------|
| State the reason you are     | appealing to the Warden / Facility    | Administrator:               |                      |
|                              |                                       |                              |                      |
|                              |                                       |                              |                      |
|                              |                                       |                              |                      |
|                              |                                       |                              |                      |
| Inmate Signature:            |                                       |                              |                      |
| - Fire Mandan                |                                       | 1W                           |                      |
|                              | n / Facility Administrator:           |                              |                      |
| Requested action is grant    | ted granted in part                   | denied not processo          | ed                   |
| Comments:                    |                                       | //                           |                      |
|                              |                                       |                              |                      |
|                              |                                       | •                            |                      |
|                              | ~ (^ ·                                |                              |                      |
| Maria Maria haya tha right t | to the Core                           |                              |                      |
| -                            | to appeal this response to the Corr   |                              |                      |
| •                            | strator Signature                     |                              |                      |
| I acknowledge that I hav     | ve received this response. I do /     | do not intend to appeal to t | he next level.       |
| Inmate Signature:            |                                       | Date:_                       |                      |
| Your anneal if any, to the   | e Corrections Director must be su     | hmitted within 5 working day | e of receint of this |
|                              | of all pertinent information in the g |                              |                      |
|                              |                                       |                              |                      |
|                              |                                       |                              |                      |
|                              |                                       |                              |                      |
|                              | For official use only; do no          | t write in this space        |                      |
| Received by:                 |                                       |                              | /ance #:             |



## ATTACHMENT F: INMATE GRIEVANCE APPEAL TO CORRECTIONS DIRECTOR

| Name:                         | DOC ID #:                            | Housing:                   | Date: _           |
|-------------------------------|--------------------------------------|----------------------------|-------------------|
| State the reason you are appe | ealing to the Corrections Directions | ctor:                      |                   |
|                               | *                                    |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
| nmate Signature:              |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
| Response from Corrections     |                                      |                            |                   |
| Requested action is granted _ | granted in part                      | denied not proce           | essed             |
| Comments:                     |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
| Director Signature:           |                                      | Date                       | 9:                |
| You are advised that this co  | oncludes administrative ren          | nedies available through t | the Department of |
| Corrections.                  |                                      | _                          | •                 |
| - straculadas by my signat    | balaw that I have receiv             | d this reanance            |                   |
| acknowledge by my signat      |                                      | •                          |                   |
| nmate Signature:              |                                      | Date                       | 9:                |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               |                                      |                            |                   |
|                               | For official use only; do no         |                            |                   |
| Received by:                  | Date:                                | Gri                        | evance #:         |



## ATTACHMENT G: INMATE **EMERGENCY** GRIEVANCE

| Name:   | DOC ID #:                       | Housing:                        | Date:                    |
|---|---------------------------------|---------------------------------|--------------------------|
| Inmates may file <b>emergency</b> gri<br>personal injury or cause other so<br>how you are at substantial risk o | serious and/or irreparable harm | n. Description must include da  |                          |
| Action Requested:   |                                 |                                 |                          |
| Action Requested.   |                                 | ~ O <sub>1</sub>                |                          |
| By my signature below, I waive and certify the truth of all my s  |                                 | ds necessary to investigate a   | and resolve my complaint |
| Inmate Signature:   |                                 |                                 |                          |
| ☐ After review, your grievance you wish to continue the grievant Respondent Signature:                          | nce process, you must submit    | an informal resolution within 5 | 5 working days.          |
| ☐ After review, your grievance RESPONSE:  | e has been determined as a      | n emergency.                    |                          |
| Requested action is granted _   | granted in part                 | denied                          |                          |
| Respondent Signature:   |                                 | Title:                          | Date:                    |
| You have the right to appeal  | I this response to the next     | level.                          |                          |
| By signing below, I acknowled   | •                               | ·                               | • •                      |
| Inmate Signature:   |                                 | Date:                           |                          |
| Your appeal, if any, must be s<br>pertinent information in the g  |                                 |                                 | nse. Place copies of all |
| Received by:  | For official use only; do       |                                 | rievance #:              |
| received by.  | Date.                           | וט                              | rievance #.              |



## ATTACHMENT H: GRIEVANCE RESPONSE EXTENSION NOTIFICATION

| ⊔ MSP     | ⊔ MWP ⊔ Pine Hills ⊔ State-Owned P   | rerelease ⊔ Conti     | racted Secure Facility: |
|-----------|--|-----------------------|-------------------------|
| To:       |  |                       |                         |
| DOC ID #  | #:   |                       |                         |
| From:     | Grievance Coordinator  |                       |                         |
| Subject:  | : Extension of Grievance Response  |                       |                         |
| your grie | to notify you that the Grievance Coordinator / levance / appeal. Additional time is needed to on is necessary for the following reasons: | further investigate y |                         |
| An estim  | nated date of response to your grievance / appeal  | is:                   |                         |
| Signature | re of Grievance Coordinator or designee  | Date                  |                         |
| By signi  | ing below, I acknowledge receipt of this exten   | sion notification.    |                         |
| Inmate S  | Signature:   | Date:                 |                         |
|           |  |                       |                         |
|           | For official use only; do  |                       |                         |
| Receive   | ed by: Dat   | :e:                   | Grievance #:            |