

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

FORM "A"

INMATE'S NAME:	INMATE'S #:	DATE:
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INSTITUTION:	DATE OF INCIDENT:
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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.

_____ EMERGENCY

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
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

FORM "A"

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.

_____ EMERGENCY

- 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.**

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COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE APPEAL FORM

INMATE'S NAME:	INMATE'S #:	DATE:
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INSTITUTION:	ASSIGNED GRIEVANCE #:
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INSTRUCTIONS:

1. Refer to 103 CMR 491, Inmate Grievance Policy.
2. Provide your appeal argument in **Block A**, in a brief and understandable manner.
3. Provide your requested remedy in **Block B**.

A. Provide your appeal argument in a brief and understandable manner.

B. Provide your requested remedy

Inmate's Signature _____ Date: _____

Staff Recipient _____ Date: _____

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE APPEAL FORM

FORM "B"

INMATE'S NAME:

INMATE'S #:

DATE:

INSTITUTION:

ASSIGNED GRIEVANCE #:

INSTRUCTIONS:

1. Refer to 103 CMR 491, Inmate Grievance Policy.
 2. Provide your appeal argument in Block A, in a brief and understandable manner.
 3. Provide your requested remedy in Block B.
- A. Provide your appeal argument in a brief and understandable manner.

B. Provide your requested remedy

Inmate's Signature _____

Date: _____

Staff Recipient _____

Date: _____

~~SAMPLE~~

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE FORM

INMATE'S NAME:

JOHN JONES

INMATE'S #:

W 12345

DATE:

1-1-06

INSTITUTION:

MCI-CEDAR JUNCTION

DATE OF INCIDENT:

12-31-05

INSTRUCTIONS:

1. Refer to 103 CMR 491, Inmate Grievance Policy.
 2. Check off a grievance type that best describes your grievance in Block A.
 3. In Block B, give a brief and understandable summary of your complaint/issue.
 4. 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.
 5. Provide a Requested Remedy in Block D.
- A. Check off one grievance type only (Listed on reverse side). When filing an Emergency Grievance select Emergency and one additional grievance type.

EMERGENCY

B. Give a brief and understandable summary of your complaint/issue. Additional paper may be used, if necessary.

I was physically assaulted at MCI-Cedar Junction by CO John Doe and another officer whose name I do not know but who is white, tall, thin and with brown hair. I suffered serious injuries as a result.

C. List any action taken to address/resolve this matter. Include the identity of staff members you have contacted.

D. Provide your Requested Remedy.

An investigation, protection from the guards who assaulted me, and monetary damages.

Inmate's Signature

John Jones

Date:

1-1-06

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.)

SAMPLE

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INMATE GRIEVANCE APPEAL FORM

FORM "B"

INMATE'S NAME:

JOHN JONES

INMATE'S #:

W12345

DATE:

1-10-06

INSTITUTION:

MCI - CEDAR JUNCTION

ASSIGNED GRIEVANCE #:

INSTRUCTIONS:

1. Refer to 103 CMR 491, Inmate Grievance Policy.
 2. Provide your appeal argument in Block A, in a brief and understandable manner.
 3. Provide your requested remedy in Block B.
- A. Provide your appeal argument in a brief and understandable manner.

On 1-1-06 I filed a grievance (attached). I am taking the lack of response to be a denial and am appealing the grievance.

B. Provide your requested remedy

An investigation, protection from the guards who assaulted me, and monetary damages.

Inmate's Signature

John Jones

Date: 1-10-06

Staff Recipient

Date:

(Inmate receipts/responses will be generated via the Inmate Management System.)