COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INFORMAL COMPLAINT FORM

Inmate Name ___________________________ Commitment # ___________ Incident Date ___________
Institution ___________________________ Housing Unit ________________

CHECK OFF AREA OF CONCERN (one issue per form allowed)

___ HOUSING ASSIGNMENT/STATUS  ___ LAUNDRY  ___ PROGRAMS  ___ MAIL  ___ FOOD
___ CLOTHING/LINEN EXCHANGE  ___ RELIGION  ___ PROPERTY  ___ VISITS
___ LEGAL EXCHANGE  ___ LIBRARY  ___ PHONE  ___ OTHER: ________________

State completely, but briefly, the single issue of concern and your requested resolution

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________

List any previous steps you have taken to resolve your concern

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

(Use other side of page if more space is needed)

Inmate Signature ___________________________ Date ___________________________

Note: If you follow instructions in preparing your request, it can be addressed more readily. Your complaint will be reviewed and replied to within ten (10) business days from the date of receipt.

DO NOT WRITE BELOW THIS LINE (Reserved for Staff Response)

Received By ___________________________ Date Received __________________

DECISION

Resolution:  Granted____  Partially Granted____  Denied____  Alternate Resolution Offered____  N/A____

Comments

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Decision By ___________________________ Date ___________________________

*Denied informal complaints may be appealed to the Institution Grievance Coordinator within ten (10) business days.

**An inmate shall not be required to submit a step 1 informal complaint form prior to filing an emergency grievance, allegations of staff misconduct, or for allegations of sexual assault/abuse.
COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INFORMAL COMPLAINT FORM

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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.

   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

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<th>INMATE'S NAME:</th>
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<th>DATE:</th>
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| INSTITUTION: | DATE OF INCIDENT: |

**INSTRUCTIONS:**

1. Refer to 103 CMR 491, Inmate Grievance Policy.
2. In Block E, 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.)
### 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:**

*Inmate response will be generated via CMCS.*
**COMMONWEALTH OF MASSACHUSETTS**
**DEPARTMENT OF CORRECTION**
**INMATE GRIEVANCE APPEAL FORM**

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<th>INMATE'S NAME:</th>
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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.

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

**Block B: Provide your requested remedy**

---

**Inmate's Signature**

**Date:**

**Staff Recipient**

**Date:**
**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 the 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.

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**EMERGENCY**

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**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 Sgt. 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:**

---

**DENTED 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 APPEAL FORM**

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<td>INMATE'S #:</td>
<td>W 12345</td>
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<tr>
<td>DATE:</td>
<td>1-10-06</td>
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</table>

**INSTITUTION:**
WCI - CEDAR JUNCTION

**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.)