

### Division of Correction Informal Inmate Complaint Form

Name: \_\_\_\_\_ Housing Location: \_\_\_\_\_

CL #: \_\_\_\_\_ Date: \_\_\_\_\_

The subject of my complaint is: (check one)

- \_\_\_\_\_ 1. Classification
- \_\_\_\_\_ 2. Facility Programs
- \_\_\_\_\_ 3. Mail and Packages
- \_\_\_\_\_ 4. Visiting Procedures and Telephone Calls
- \_\_\_\_\_ 5. Commitment
- \_\_\_\_\_ 6. Property and/or Clothing
- \_\_\_\_\_ 7. Payroll
- \_\_\_\_\_ 8. Disciplinary Matters (excluding adjustment hearing decisions)
- \_\_\_\_\_ 9. Complaints against Staff or Others
- \_\_\_\_\_ 10. Facility Operations
- \_\_\_\_\_ 11. Dietary
- \_\_\_\_\_ 12. Other (explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**A. Complaint (Inmate)**

Briefly describe your complaint, including the date of the incident, the persons involved, and the remedy you are seeking.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. Response (Staff)**

Complete and return to Department Head/Shift Commander \_\_\_\_\_ by \_\_\_\_\_ (Name)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head/Shift Commander

**Instructions for Processing Informal Complaints, DOC Form 12.02.28bR**

- A. All staff shall attempt to resolve institutionally-related inmate complaints on an informal basis. All department heads and shift commanders shall ensure staff cooperation and compliance with this directive.
- B. Upon receipt of an Informal Inmate Complaint Form the department head or shift commander shall:
  - 1. Initial the complaint and indicate the date received; and
  - 2. Assign an appropriate staff person, as determined by the nature of the complaint, to review the complaint and draft a response to the inmate.
- C. Upon receipt of the Informal Inmate Complaint Form from the department head or shift commander, the assigned staff person shall:
  - 1. Review Section A. to establish the basis of the inmate's complaint;
  - 2. Review the appropriate regulations, directives, policies, and/or procedures to determine the following with regard to the incident or complaint:
    - a. Staff compliance with existing policy and procedure;
    - b. The merit of the inmate's complaint; and
    - c. An appropriate remedy, if applicable.
  - 3. On the basis of this review, the staff person shall:
    - a. Draft a response to the complaint in Section B. of the Informal Inmate Complaint Form and return the response to the department head or shift commander within five calendar days; or
    - b. Consult with the department head or shift commander for approval of any corrective action or relief deemed appropriate. Draft a response, as directed, and return the response to the department head or shift commander within five calendar days.
- D. Upon receipt of the response, the department head or shift commander shall:
  - 1. Review, sign, and date the response;
  - 2. Ensure that the response is sent to the inmate; and
  - 3. Ensure that staff takes the actions necessary to grant the approved relief to the inmate.