

### Division of Correction Informal Inmate Complaint Form

Name: \_\_\_\_\_ CL #: \_\_\_\_\_

Housing Location: \_\_\_\_\_ Date: \_\_\_\_\_

The subject of my complaint is: (check one)

- 1. Classification
- 2. Facility Programs
- 3. Mail and Packages
- 4. Visiting Procedures and Telephone Call
- 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.

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**B. Response (Staff)**

Complete and return to Department Head/Shift Commander \_\_\_\_\_  
\_\_\_\_\_, by \_\_\_\_\_.

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

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

## **Instructions for Processing Informal Complaints, DOC Form 185.0002bR**

- 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.