

STATE OF IOWA

DEPARTMENT OF CORRECTIONS
OFFENDER GRIEVANCE COMPLAINT

Grievance No. _____
(For Grievance Officer Use Only)

Your grievance will be returned if all the information above the dotted line is not completed.

Name _____ Date _____

Number _____ Housing Unit _____

Standard Emergency Reason: _____

Description of Problem:

(Attach additional sheets if necessary)

Grievant Signature _____ Date _____

Action Requested by Offender _____

Have informal resolution procedures been exhausted and what steps have you taken?

Yes No Explain steps taken and with whom _____

Grievance Officer Receipt _____ Date _____

Living Unit: _____

**STATE OF IOWA
DEPARTMENT OF CORRECTIONS**

GRIEVANCE ACKNOWLEDGMENT AND RECEIPT

Date: _____

To: _____ I.D. Number: _____

From: Grievance Officer _____

Re: Grievance Dated _____

I. Your grievance has been received and has been assigned No. _____

Your grievance will be processed as: _____

- (1) Nongrievable _____
- (2) Standard _____
- (3) Emergency _____
- (4) Other (see below for explanation)

You will be advised as to disposition within 21 days.

II. Your grievance is being returned and was not processed for the following reason(s):

_____ You have not attempted informal resolution

_____ Your grievance has been ruled "non-grievable" since it deals with a matter that does not fall under the jurisdiction of the Department of Corrections or deals with a matter that already has an appeal process.

_____ You do not provide sufficient details i.e., what, when, who, etc.

_____ This issue has already been grieved by you (Grievance No. _____)

_____ Your grievance was not signed.

_____ You do not provide any "action requested".

_____ You request resolution on more than one issue. (IDOC Policy IN-V-46 states, "Only one issue may be grieved per form.")

_____ Other: (explanation provided)

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GRIEVANCE RESPONSE/WARDEN APPEAL RESPONSE

Offender Name _____ Offender No. _____

Grievance No. _____

Response: _____

(Attach additional pages if necessary)

Date Returned to Offender _____

Response Person(s) _____

Appeal Rights:

1. If this response is from a source other than the Warden/Superintendent, you may appeal in writing to the Warden/Superintendent within fifteen (15) days of receipt of this response.
2. If this response is from the Warden/Superintendent, you may appeal in writing within 15 days of the date of this response to the Grievance Appeal Coordinator:

Grievance Appeal Coordinator
Central Office
420 Watson Powell Jr. Way
Des Moines IA 50309

Appeal forms may be obtained in living units, libraries, or from Grievance Officers. The Grievant Appeal form must be used and completed in full, or your appeal will be returned.

**STATE OF IOWA
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CENTRAL OFFICE GRIEVANCE RESPONSE FORM

Offender Name: _____ I.D. No _____ Institution _____

Grievance Number _____ Date Received _____

Office Action

- A _____ Response provided
 - B _____ File complaint with Grievance Officer
 - C _____ Appeal to Warden/Superintendent
 - D _____ Use appropriate appeal form (complete all information)
 - E _____ Grievance appeal untimely pursuant to policy
 - F _____ Extension necessary
 - G _____ Nongrievable matter
 - H _____ This issue has previously been grieved
 - J _____ Appeal contents are unclear (provide more facts)
 - I _____ Other (explained below)
- } Central office only responds to grievances
after these stages have been exhausted.

Resolution

- A _____ Sustained
- B _____ Denied
- C _____ Partially sustained
- D _____ Other (explained below)

Response

Issue:

In review of your appeal and other necessary information:

- A. _____ I concur with the decision and reasons of the Warden/Superintendent and Grievance Officer's response
- B. _____ The warden/superintendent's appeal response will be modified as follows:
- C. _____ There will be no further action regarding this matter from this office.

Signed: _____ Date _____

cc: Offender
Grievance Officer
DOC File

**STATE OF IOWA
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GRIEVANCE RESTRICTION/REVIEW

DATE: _____

TO: _____

FROM: _____ Warden/Superintendent

SUBJECT: Grievance Restriction

You have filed _____ grievances since _____.

I have determined, upon consultation with the Grievance Officer that this multiple use of the procedure constitutes abuse or improper use and indicates frivolous use by you. (IDOC Policy IN-V-46.)

Effective immediately, you will be limited to _____ grievances per calendar month for the next _____ months. I will reassess your privilege at that time.

Complaints submitted by you in excess of this will be returned to you unanswered.

.....
Date: _____

REVIEW OF RESTRICTION

On _____ your access to the grievance resolution process was restricted.

On this date, that restriction was reviewed. My decision is:

- _____ The restriction will continue as is with another review in approximately 30 days.
- _____ The restriction is ended. Future misuse of the grievance resolution process may result in further restrictions.
- _____ The restriction will be modified as follows:

cc: Grievance Officer
Counselor
Grievance Appeal Coordinator
File