

**INMATE GRIEVANCE**

Inmate's Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_ Grievance File #: \_\_\_\_\_

Institution: \_\_\_\_\_ Housing Unit: \_\_\_\_\_ Date of Incident: \_\_\_\_\_

Date Received by Grievance Officer: \_\_\_\_\_

Grievance Officer's Signature: \_\_\_\_\_

**INSTRUCTIONS:** It is expected that problems be resolved in an informal manner. Please read policy/procedure *CD-150500* before filing a grievance. Your grievance must be typed or clearly written so as to be readable after photocopying. The grievance must be filed with the Institutional Grievance Officer to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

**STEP 1 - Grievance:** Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Relief Requested:**

**STEP 2 - To Be Completed by the Grievance Officer:**

- A.  Your grievance is **accepted** for consideration.
- B.  Your grievance is **being returned** to you because of the following reason:
  - 1. The grievance is not readable.
  - 2. The matter has been answered in previous grievance #: \_\_\_\_\_
  - 3. The grievance concerns material not grievous under present policy.
  - 4. The grievance is a group grievance or petition. (Submit individually.)
  - 5. The grievance is not timely.
  - 6. Other Specify: \_\_\_\_\_

Grievance Officer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INMATE GRIEVANCE**  
(continued)

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Grievance File #: \_\_\_\_\_

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**STEP 3 – Grievance Investigation and Recommendation:**

\_\_\_\_\_  
Grievance Officer's Signature

\_\_\_\_\_  
Date

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**STEP 4 – Decision of Warden/Designee:**

Denied ( )    Granted ( )    Dismissed ( )    Resolved ( )    Referred ( )

\_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Returned to Inmate: \_\_\_\_\_

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**STEP 5 – Departmental Appeal:** (Return grievance to Grievance Officer for processing.)

**A. Reason for appeal:**

\_\_\_\_\_  
Inmate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received By Grievance Officer: \_\_\_\_\_

Date Sent to Grievance Coordinator: \_\_\_\_\_

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**B. Department Decision:**

\_\_\_\_\_  
Cabinet Secretary/Designee Date: \_\_\_\_\_

**Inmate 2-Day Notice of Receipt of Grievance**

Inmate's Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

Grievance File #: \_\_\_\_\_ Facility: \_\_\_\_\_ HU: \_\_\_\_\_ Cell: \_\_\_\_\_

RE: \_\_\_\_\_ Issue is under Review: Yes ( ) No ( )

Date Formal Grievance Received: \_\_\_\_\_ Date Notice of Receipt Sent: \_\_\_\_\_



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RE: \_\_\_\_\_ Issue is under Review: Yes ( ) No ( )

Date Formal Grievance Received: \_\_\_\_\_ Date Notice of Receipt Sent: \_\_\_\_\_

**NEW MEXICO  
CORRECTIONS DEPARTMENT  
INMATE INFORMAL COMPLAINT**

Inmate Name: \_\_\_\_\_ NMCD#: \_\_\_\_\_

Facility: \_\_\_\_\_ HU/Cell #: \_\_\_\_\_

Name of subject or person to whom the complaint was filed against: \_\_\_\_\_  
\_\_\_\_\_

Explain your complaint in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Reviewing Staff Member**

I, \_\_\_\_\_ have reviewed the above informal complaint and

Recommend:                    ( ) Resolution                    ( ) Recommend formal grievance

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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This informal complaint has been resolved as acknowledged by the signatures below:

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If this informal complaint could not be resolved, the inmate may pursue a formal grievance.**

**Attach this document to the Formal Grievance.**