	Division of Operations **Level I** **Internal Management Procedures**	**Internal Management Procedure IMM.RRP.003** **Page 1 of 10**

Internal Management Procedure Title:

ADMINISTRATIVE REMEDY/GRIEVANCE PROCEDURE

Effective Date: June 1, 2002	**Revised:** **August 1, 2003**	**Authority :** NJ DOC Policy IMM.002.001
Promulgating Office: Division of Operations		**Professional Association Standard cited:** ACA 3-4271

Applicability: This *Level I Internal Management Procedure* applies to all Organizational Units of the New Jersey Department of Corrections.

Supercedes: Policy 13.106 titled *ADMINISTRATIVE REMEDY/GRIEVANCE PROCEDURE* dated June 1, 2002

Review Schedule:
This document is scheduled for annual review on or about July 15, 2004

Reviewed and Approved By: Charles Ellis, Chief of Staff

Charles Ellis
(Signature)

7/21/03
(Date)

I. PURPOSE

The purpose of this Policy is to provide a mechanism whereby inmates may bring complaints, concerns and/or problems to the attention of the Institutional Administration for resolution. The Administrative Remedy/Grievance Procedure is to be considered the final step in the Request/Interview/Remedy process.

II. DEFINITIONS

For the purpose of this *Internal Management Procedure*, the following definitions are to be used:

COORDINATOR of the ADMINISTRATIVE REMEDY SYSTEM : this is/are the staff member(s) appointed by the Administrator who is responsible for processing the *ADMINISTRATIVE REMEDY Forms*. This/these person(s) shall be referred to as "Coordinator" throughout this Policy.

ADMINISTRATIVE REMEDY FORM : this is the form used to address problems, complaints and/or grievances relating to conditions of confinement that are not able to be addressed through other means. This is to be considered the final step in the Request/ Interview/Remedy process

INTERNAL MANAGEMENT PROCEDURE means the documents which accompany and supplement Departmental Policies, providing specific operating procedures for the Department as *Level I Internal Management Procedures* and for individual organizational units as *Level III Internal Management Procedures*. *INTERNAL MANAGEMENT PROCEDURES* are also known by the acronym '*IMP*'.

STAFF CORRECTIVE ACTION FORM : this is the form used to re-direct or provide information to inmates when they should be using a different, more appropriate form or action in accordance with other Departmental or Institutional policies and/or procedures.

STAFF RESPONSE FORM : this is the form which is to be used as an information-continuation form, as a follow-up from a previously responded-to DOC form or a verbal communication between staff and inmate(s).

RELIGIOUS ISSUE REVIEW COMMITTEE: this is a committee composed of designated Chaplaincy, Central Office, Deputy Attorney General and Institutional (Administrative and Custody) staff who are authorized to review those questions of religious concern which cannot be answered by Organizational Unit staff. Decisions rendered by the *RELIGIOUS ISSUE REVIEW COMMITTEE* will be considered as Departmental Policy and will be applicable to all institutions.

III. POLICY

The New Jersey Department of Corrections has mandated that inmates be provided a formal procedure for resolution of problems. The *ADMINISTRATIVE REMEDY Form* is the final step of the 3-level Request/Remedy process, and is designed to permit inmates to identify possible problem areas and to allow the Institutional Administration to effect timely and appropriate responses to these problems. This system is designed to provide a direct and confidential route for inmates to make the Administration aware of problems which may exist within the Institution and provide a method for positive interaction between staff and inmate population, thus reducing the possibility of misunderstanding through unanswered questions or unresolved complaints.

Inmates are expected to use this final area of the Grievance Process prior to applying to the courts for relief.

IV. PROCEDURES

Organizational Unit Department Heads (Intermediate Level Supervisors) shall ensure that they provide both details and general instructions to their staff members through the Operational Unit's *Level III Internal Management Procedures* for to ensure conformity with this *Level I Internal Management Procedure.*

Program operation shall be the responsibility of the Department Head, and investigation of complaints and drafting of the reply shall be done by the Department Head, with assistance from the involved staff, and subject to review by the Administrator's Office. The final response shall be signed by the staff member to whom the complaint was addressed/ forwarded.

No inmate shall be coerced, intimidated or suffer any reprisal as a direct or indirect result of filing any *ADMINISTRATIVE REMEDY Form* as outlined in this document.

A. INFORMAL RESOLUTION

Inmates are encouraged to seek an informal resolution to problems or complaints which they may have. However, if this is not possible, the inmate is to present his/her problem or complaint to the Administration using the *ADMINISTRATIVE REMEDY* process.

B. INMATE RESPONSIBILITY

All inmates may utilize the *ADMINISTRATIVE REMEDY FORM* to file a formal complaint regarding conditions within the jurisdiction of the Department of Corrections which affect them personally.

The *ADMINISTRATIVE REMEDY Form* is to be prepared and signed **only** by the inmate submitting the complaint. Inmates are not to write remedy forms for other inmates or as part of a "Class Action". If an inmate is not able to prepare the *ADMINISTRATIVE REMEDY Form* him/herself, he/she is to request assistance from his/her Social Worker or other appropriate staff member.

Inmate Housing Unit representatives are not to use the *ADMINISTRATIVE REMEDY Form* to have issues addressed which should be brought up in the Inmate Representative Committee meetings with the appropriate Administrative representative. *ADMINISTRATIVE REMEDY Forms* which do not follow these requirements will not be processed, and will be returned to the sender.

The inmate preparing the *ADMINISTRATIVE REMEDY Form* is to complete the information required at the top of the form. This includes name, SBI number, Institution, unit, date and Reason for Remedy. It is very important that the Reason for Remedy be as complete and specific as possible, based on the facts pertaining specifically to the issue at hand and not including extraneous material. Inmates are to be advised that only complaints properly detailed, written by the involved inmate and submitted on the proper *ADMINISTRATIVE REMEDY Form* will be considered for review and possible redress. Complaints submitted by a second or third-party writer, complaints improperly written or covering those subject areas which should be addressed through other channels (such as Inmate Representative Committee meetings), having more than one complaint or which are not on the proper form will be returned unanswered. Inmates are NOT to separate the top three pages from the multi-part form. The *ADMINISTRATIVE REMEDY Form* is to be submitted intact.

The Administrative Remedy procedure does not include complaints relative to parole, legal access (use the *Legal Access Complaint Form*), property loss (use the *Inmate Claim Form for Lost, Damaged or Destroyed Personal Property Form*) or disciplinary dispositions (use the *Appeal of Disciplinary Decision Form*), nor is it to be used as a substitute for the *INMATE REQUEST Form, INTERVIEW REQUEST Form* or other established procedures.

C. PROCEDURES for PREPARING *ADMINISTRATIVE REMEDY Forms*

1. *ADMINISTRATIVE REMEDY Forms* may be obtained from the Housing Unit supply, the Unit Social Worker or Law Library upon inmate request. Unit Social Workers are to carry a supply of *ADMINISTRATIVE REMEDY Forms* when they make scheduled Unit visits.

2. Inmates are to supply all information as necessary to complete the information required at top of the form. It is imperative that the "Reason for Remedy" be as clear and complete as possible in order that the problem being addressed be clearly understood.

3. When completed, the inmate writing the form shall deposit the completed Form into the collection box which shall be located in each compound/unit. (This is the same box which is used to collect *INMATE REQUEST Forms*). Close Custody Unit inmates are to give their *ADMINISTRATIVE REMEDY Forms* to their housing unit Custody Supervisor or Social Worker to be placed in the proper collection box. Requests will be picked up daily from these boxes only. Requests submitted by any other route, including hand-delivery or Institutional mail, will not be addressed.

4. Inmates filing complaints may accept disposition or withdraw the complaint at any level of the review process. This procedure is in no way intended to modify or restrict the inmate's rights to seek judicial redress through the courts.

5. Forms bearing more than one complaint (e.g.: two topics in the "Reason for Remedy" or two or more names as co-sponsors) will not be processed. Complaints not relevant to conditions within the jurisdiction of the Institution or which do not affect the complainant personally may not be considered for redress. Complaints which affect the inmate population as a whole or large segments thereof (class action) are to be submitted by Unit Representatives during regularly-scheduled meetings with the Administrative supervisor for that area.

D. COORDINATOR for ADMINISTRATIVE REMEDY PROCESSING

It is the responsibility of the Administrative Remedy Coordinator to oversee the processing of *ADMINISTRATIVE REMEDY Form*. Serving as a liaison between the Administrator and staff, the Coordinator may advise and provide information to those individuals on behalf of the Organizational Unit's Administrator.

Once the *ADMINISTRATIVE REMEDY Forms* are received by the Coordinator, the following information must be recorded on the *ADMINISTRATIVE REMEDY Form*:

1. Date of receipt and name of person receiving the *ADMINISTRATIVE REMEDY Form*

2. A case number is to be assigned to each *ADMINISTRATIVE REMEDY Form* that is accepted for processing. This shall consist of the letter "R" followed by the 8-digit case number. These numbers shall be logged into the *ADMINISTRATIVE REMEDY Form* computer database. The assigned case number will remain the same throughout the Administrative Remedy process.

3. The Coordinator will review all forms and ensure that they have been properly completed and an appropriate response and/or action was taken should an on-the-spot resolution be affected.

4. The Department staff member designated to respond shall be identified, and the date forwarded for response noted.

5. The following information shall be entered into the *ADMINISTRATIVE REMEDY Form* data base:

   a. case number;
   b. inmate name and SBI number;
   c. department staff person responsible for response;
   d. subject of remedy;
   e. date forwarded to department staff person; and
   f. date returned to the *ADMINISTRATIVE REMEDY Form* coordinator.

1. The Administrative Remedy Coordinator's Office will maintain the Institution's computer software and copies of the *ADMINISTRATIVE REMEDY* Monthly Report, data printouts and all inmate requests (with attachments) for a period of three (3) years. The hard-drive data shall be saved on a daily basis, and shall also be saved, by month, on a separate diskette. Only two (2) months of data are to be maintained as the working copy on the hard-drive. When starting the third month, the previous month's data will be saved on diskette and printed in alphabetical order and filed with the Monthly Report.

2 Institutional Departments must maintain their copies of the *ADMINISTRATIVE REMEDY Forms* for a period of one (1) year.

E. DETERMINING *ADMINISTRATIVE REMEDY Form* JURISDICTION

After assigning a case number, the Administrative Remedy Form Coordinator will determine the Department Head under whose jurisdiction the *ADMINISTRATIVE REMEDY Form* falls, and the *ADMINISTRATIVE REMEDY Form* shall be forwarded to that person.

Response shall be within thirty (30) working days if "Routine", or five (5) working days if marked "Urgent", from the date the *ADMINISTRATIVE REMEDY Form* is forwarded. The Coordinator will contact the Department Head if response is not received within the allotted time.

F. DEPARTMENT HEAD RESPONSE

Department Heads will return *ADMINISTRATIVE REMEDY Forms* to the Coordinator within thirty (30) working days of receipt if "Routine", or five (5) working days of receipt if marked "Urgent", with a reply entered in the section titled "Response", along with any additional relevant information.

The Department Head will review the staff member's response to the *ADMINISTRATIVE REMEDY Form* and, when the response is acceptable, the Department Head will return the *ADMINISTRATIVE REMEDY Form* to the Associate Administrator or Assistant Superintendent.

The Associate Administrator or Assistant Superintendent's office will respond by ensuring that the form has been properly signed. The *ADMINISTRATIVE REMEDY Form* will then be returned directly to the Coordinator for distribution. Institutional mail is not to be used for returning *ADMINISTRATIVE REMEDY Forms* due to possible delays or loss.

G. RESPONSES to RELIGIOUS QUESTIONS

When questions of a religious nature are presented which are outside of the scope of the Organizational Unit Chaplain or Administration to answer, the Organizational Unit Chaplain shall confer with the Administrator, and the question shall be referred by the Administrator to the Religious Issue Review Committee.

Such questions shall be concerns of (but not limited to) institutional safety and security, possible violations of law, possible violations of the Religious Freedom Act and cost-effectiveness of resolution/implementation.

Questions of a religious nature which are referred to the Religious Issue Review Committee for resolution shall be automatically granted an extension of response time to permit the Committee to meet and consider the question or problem.

Decisions rendered by the Religious Issue Review Committee shall be considered as Departmental Policy, and will then be applicable to all Institutions within the control of the New Jersey Department of Corrections.

H. APPEAL to ADMINISTRATOR of DEPARTMENT HEAD RESPONSE (Section IV)

If the inmate is not satisfied with the DEPARTMENT HEAD RESPONSE (Section III), he/she may file an appeal with the Administrator within ten (10) working days of the receipt of the response. The inmate must indicate the request for appeal by completing Part IV of the original *REMEDY Form* and resubmitting the form to the Coordinator, who shall forward the appeal package to the Administrator (or designee) after logging the appeal.

I. APPEAL DECISION (Section V)

The Administrator (or designee) shall respond to the inmate within ten (10) working days by signing the form unless conditions preclude this. The *ADMINISTRATIVE REMEDY Form* will then be returned to the Coordinator for distribution as follows:

a. Original Copy *ADMINISTRATIVE REMEDY Form* coordinator/Original Decision
b. "Canary" Copy: Inmate's Copy
c. "Pink" Copy: *ADMINISTRATIVE REMEDY* Coordinator's Copy/Appeal Decision

NOTE : This distribution will be applicable at all levels of *ADMINISTRATIVE REMEDY Form* disposition.

After the appeal is reviewed by the Administrator, it shall be returned to the Coordinator who shall remove the third (pink) copy and retain same for filing. The inmate's (canary) copy shall be placed in a properly addressed inter-office envelope and returned to the inmate via Institutional mail.

J. EXTENSION of RESPONSE TIME

Matters requiring extensive research and/or documentation may require a longer period of response. Consequently, the period of time needed for proper action by the reviewer may be extended if findings indicate that the initial time period is insufficient to make an appropriate decision. This need for extension shall be communicated, in writing, to both the inmate complainant and the Coordinator.

K. Notification of Delinquent *ADMINISTRATIVE REMEDY Forms.*

Acting as the Administrator's agent, the Coordinator shall establish procedures for review and response to reported delinquent cases submitted to the office of the Administrator for processing. Promptly after receipt, each reported delinquent case shall be investigated. A written report shall be prepared for the Administrator and the complaining person. While the investigation of the complaint may be conducted by the appropriate staff person, the Administrator shall respond to each such report, indicating what disposition will be made of the findings and recommendations received.

L. Supporting Documents

In order to increase the efficiency of the *ADMINISTRATIVE REMEDY System*, the following additional forms may be used, as needed:

1. *INMATE REQUEST RESPONSE Form*

This is a continuation form to be used to respond to the *ADMINISTRATIVE REMEDY Form* if additional space is required or as a referral form. This form may be obtained from the department heads and is only to by used by DOC staff. All required inmate information found at the top of the Form must be completed by the staff person making the response. When used as a continuation of the response space on the *ADMINISTRATIVE REMEDY Form*, it shall be signed by the responding staff member and attached to the *ADMINISTRATIVE REMEDY Form* prior to returning the package to the Coordinator.

M. Forms

Each Organizational Unit shall ensure that all departments have adequate supplies of all necessary forms. All required forms are available from DEPTCOR, and are not to be reproduced without permission.

V. Cross Reference Documents and DOCPS/IMP

DOCPS/IMP/Document Number	Title	Effective/Revision Date
NJ DOC Policy IMM.002.001	*INMATE ADMINISTRATIVE REMEDY, INTERVIEW and GRIEVANCE PROCESS*	August 1, 2003

VI. Applicable Forms

Form Title	Form Number	Effective/Revision Date
INTERVIEW REQUEST Form		June 1, 2002
INTERVIEW REQUEST REPORT		June 1, 2002
STAFF RESPONSE Form		June 1, 2002
ADMINISTRATIVE REMEDY Form		June 1, 2002
STAFF CORRECTIVE ACTION Form		June 1, 2002
INMATE REQUEST RESPONSE Form		June 1, 2002

	State of New Jersey **Department of Corrections** **Policy Statement**	**Policy Number** **IMM.002.001** **Page 1 of 4**

Policy Title:

INMATE ADMINISTRATIVE REMEDY, INTERVIEW and GRIEVANCE PROCESS

Effective Date: **June 1, 2002**	**Revised:** **August 1, 2003**	**Authority :** **NJSA 30:1B-6**
Promulgating Office: Division of Operations		**Professional Association Standard cited:** ACA 3-4271

Applicability: This Policy Statement applies to all Organizational Units of the New Jersey Department of Corrections.

Supercedes: Policies 13.104, *Interview Request Procedure; 13.105, Inmate Request Forms and 13.106 Administrative Remedy/Grievance Procedure* dated June 1, 2002

Instructions: All affected Organizational Unit Managers within the New Jersey Department of Corrections shall be responsible for following Central Office, Division of Operations Level I *Internal Management Procedures* and developing written Operational Unit Level III *Internal Management Procedures* consistent with this Policy.

Review Schedule:
This document is scheduled for annual review on or about August 1, 2004

Reviewed and Approved By : _____ , Assistant Commissioner

Signature — Date: 7/21/03

Reviewed and Approved By: Charles Ellis, Chief of Staff

Signature — Date: 7/21/03

Issued By: Devon Brown, Commissioner

Signature — Date: 7/25/03

I. PURPOSE

To provide a mechanism whereby inmates may bring written complaints, concerns and/or problems to the Institutional Administration for resolution and/or request an in-person interview with an appropriate staff person(s) in order to resolve questions or problems.

II. DEFINITIONS

For the purpose of this Policy, the following definition is to be used:

INMATE ADMINISTRATIVE REMEDY, INTERVIEW and GRIEVANCE PROCESS means the 3-level process which is designed to allow all inmates equal access to Institutional Administration for the review and resolution of problems, concerns or complaints.

INMATE REQUEST Form: means the form used by inmates requesting information concerning the conditions of confinement or to process an action needed.

INTERVIEW REQUEST FORM : means the form used to request in-person interviews with staff in order to resolve questions or problems relating to conditions of confinement which the inmate cannot put into writing.

ADMINISTRATIVE REMEDY FORM : this is the form used to address problems, complaints and/or grievances relating to conditions of confinement that are not able to be addressed through other means. This is to be considered the final step in the Request/ Interview/Remedy process

III. POLICY

The New Jersey Department of Corrections has mandated that inmates be provided a formal procedure for resolution of problems. The Department has implemented a 3-level Request/ Remedy process which is designed to allow all inmates equal access to Institutional Administration for the review and resolution of problems, concerns or complaints. This system is designed to provide a direct and confidential route for inmates to make the Administration aware of problems which may exist within the Institution, and provide a method for positive interaction between staff and inmate population.

The 3 levels are as follows:

Level 1 – The *INMATE REQUEST Form*, which is designed to permit inmates to request information concerning possible problem areas and to allow the Administration to effect timely and appropriate responses to these requests.

Level 2 - The *INTERVIEW REQUEST SYSTEM*, which is designed to permit inmates to request in-person interviews with staff persons to help resolve questions, concerns or problems which cannot be handled through other facets of the Request/Remedy process.

Level 3 - The *ADMINISTRATIVE REMEDY Form*, which is the final level of the 3-level Request/Remedy process, and is designed to permit inmates to identify possible problem areas and to allow the Institutional Administration to effect timely and appropriate responses to these problems.

Inmates are expected to use this final level of the Grievance Process prior to applying to the courts for relief.

All inmates may utilize this 3-level process to help resolve their concerns or problems regarding conditions within the jurisdiction of the New Jersey Department of Corrections which affect them personally, and/or to request a personal interview with staff to resolve their personal concerns or problems regarding conditions within the jurisdiction of the New Jersey Department of Corrections which affect them personally and to request Administrative remedy for the resolution of complaints or grievances. No inmate shall be coerced, intimidated or suffer any reprisal as a direct or indirect result of filing any *INMATE REQUEST Form, INTERVIEW REQUEST Form or ADMINISTRATIVE REMEDY Form* as outlined in this document.

IV. PROCEDURE

The procedures for the operation of the *INMATE ADMINISTRATIVE REMEDY, INTERVIEW and GRIEVANCE PROCEDURES* are to be found in New Jersey Department of Corrections *LEVEL I INTERNAL MANAGEMENT PROCEDURES IMM.RRP.001, INMATE REQUEST FORM, IMM RRP.002, INTERVIEW REQUEST PROCEDURE* and *IMM.RRP.003, ADMINISTRATIVE REMEDY /GRIEVANCE PROCEDURE*. Department Heads (Intermediate Level Supervisors) shall ensure that they provide both details and general instructions to their staff members through the *Level III Internal Management Procedures* to ensure conformity with these procedures.

V. Cross Reference Documents, Policies and IMPs

Document/Policy Number	Title	Effective/Revision Date
IMM.RRP.001	*LEVEL I INTERNAL MANAGEMENT PROCEDURE. INMATE REQUEST FORM*	August 15, 2003
IMM.RRP.002	*LEVEL I INTERNAL MANAGEMENT PROCEDURE. INTERVIEW REQUEST PROCEDURE*	August 15, 2003
IMM.RRP.003	*LEVEL I INTERNAL MANAGEMENT PROCEDURE. ADMINISTRATIVE REMEDY /GRIEVANCE PROCEDURE*	August 15, 2003

VI. Applicable Forms

Form Title	Form Number	Effective/Revision Date
INMATE REQUEST Form		June 1, 2002
INTERVIEW REQUEST Form		June 1, 2002
ADMINISTRATIVE REMEDY Form		June 1, 2002

PLEASE SUBMIT THIS FORM INTO THE INMATE REQUEST/REMEDY BOX ONLY TO BE PROCESSED
[SÍRVASE PRESENTAR ESTE FORMULARIO EN LA CAJA DE PETICIÓN DEL CONFINADO/INTERVENCIÓN SOLAMENTE PARA SER TRAMITADO]

Form: IRSF 101
N.J.A.C. 10A: 1-4

NEW JERSEY DEPARTMENT OF CORRECTIONS

Revised 1/2005

[DEPARTAMENTO DE CORRECCIONES DE NUEVA JERSEY]

REQUEST SYSTEM & REMEDY FORM

[FORMULARIO DEL SISTEMA DE PETICIÓN O DE INTERVENCIÓN]

PART [PARTE] 1 INMATE'S REQUEST OR COMPLAINT AREA:
[ÁREA DE PETICIÓN O QUEJA DEL CONFINADO]

TYPE OF REQUEST (Only check one box) [TIPO DE PETICIÓN] (Marque solamente una caja) ☐ ROUTINE INMATE REQUEST [PETICIÓN RUTINARIA DEL CONFINADO] ☐ INTERVIEW REQUEST [PETICIÓN PARA UNA ENTREVISTA] ☐ ADMINISTRATIVE REMEDY [INTERVENCIÓN ADMINISTRATIVA]

INMATE'S NAME: _____ [NOMBRE DEL CONFINADO] SBI NUMBER: _____ [NÚMERO DE SBI]

INSTITUTION: _____ [INSTITUCIÓN] HOUSING UNIT: _____ [UNIDAD DE VIVIENDA] DATE: _____ [FECHA]

No action taken on this form. DOC Corrective Action form issued with paragraph(s) #_____ marked.
[No se tomó ninguna medida en este formulario. Se proveyó el formulario de Acción Correctiva del DOC con el (los) párrafo(s) #_____ indicado(s).]

PART [PARTE] 2 THE ABOVE INMATE INFORMATION WAS DETERMINED BY THE COORDINATOR AS ONE OF THE FOLLOWING:
[EL COORDINADOR DETERMINÓ QUE LA INFORMACIÓN ANTERIOR DEL CONFINADO ES UNO DE LOS SIGUIENTES]

☐ ROUTINE INMATE REQUEST [PETICIÓN RUTINARIA DEL CONFINADO] ☐ INTERVIEW REQUEST [PETICIÓN PARA UNA ENTREVISTA] ☐ ADMINISTRATIVE REMEDY [INTERVENCIÓN ADMINISTRATIVA]

Coordinator's reason for disagreement of inmate's classification of form: _____

If this form is determined to be an Administrative Remedy, the Coordinator must complete Part 2, sign in the "Received By" area and return the pink copy to the inmate as his/her receipt.

ROUTINE OR URGENT
[RUTINARIO O URGENTE]

RECEIVED BY: _____ [RECIBIDO POR] (Coordinator's signature if Administrative Remedy) (Firma del Coordinador si es Intervención Administrativa)

SUBJECT OF REQUEST: _____ [TEMA DE LA PETICIÓN]

DATE FORWARDED TO DEPARTMENT: _____ [FECHA EN QUE SE ENVIÓ AL DEPARTAMENTO]

DATE RESPONSE RETURNED TO I/M: _____ [FECHA EN QUE SE DEVOLVIÓ AL CONFINADO]

DEPARTMENT RESPONSIBLE: _____ [DEPARTAMENTO RESPONSABLE]

CASE NUMBER: _____ [NÚMERO DEL CASO] YEAR [AÑO] MONTH [MES] EXCEL LINE [LÍNEA DE EXCEL]

PART [PARTE] 3 STAFF RESPONSE AREA [ÁREA DE RESPUESTA DEL PERSONAL]:

STAFF SIGNATURE [FIRMA DEL PERSONAL] _____ DATE [FECHA] _____ Attachments: From Inmate: _____ [DOCUMENTOS ADJUNTOS DEL CONFINADO] From Staff: _____ [DEL PERSONAL]

SIGNATURE OF ASST SUPT OR APPROPRIATE ADMINSTRATIVE DESIGNEE [FIRMA DEL SUBSUPT O LA PERSONA ADMINISTRATIVA CORRESPONDIENTE DESIGNADA POR EL] _____ DATE [FECHA] _____ DOC Staff Response forms: _____ [Formularios de Respuesta del Personal del DOC]

PART [PARTE] 4 INMATE'S REMEDY APPEAL INFORMATION [INFORMACIÓN DE APELACIÓN DE INTERVENCIÓN DEL CONFINADO]:

ADDITIONAL ATTACHMENTS: _____ [DOCUMENTOS ADJUNTOS ADICIONALES] INMATE'S SIGNATURE [FIRMA DEL CONFINADO] _____ DATE [FECHA] _____

PART [PARTE] 5 DATE APPEAL RECEIVED: _____ [FECHA EN QUE SE RECIBIÓ LA APELACIÓN] DATE APPEAL RETURNED: _____ [FECHA EN QUE SE DEVOLVIÓ LA APELACIÓN]

APPEAL DECISION AND ADMINISTRATOR'S COMMENTS: [DECISIÓN SOBRE LA APELACIÓN Y LOS COMENTARIOS DEL ADMINISTRADOR] ☐ UPHELD [CONFIRMADA] ☐ MODIFIED [MODIFICADA] ☐ DENIED [NEGADA]

ADMINISTRATOR'S SIGNATURE [FIRMA DEL ADMINISTRADOR] _____ DATE [FECHA] _____

Distribution: [Distribución]
(Original) [Original] Department of Corrections Request /Remedy File Copy [Copia del Archivo de Petición/Intervención del Departamento de Correcciones]
(Canary) [Amarillo] Inmate's Copy (Original/and if required Appeal Answer) [Copia del Confinado (Original y si se requiere la Contestación de Apelación)]
(Pink) [Rosada] Inmate's Receipt Copy (ONLY if above was determined as an Administrative Remedy)
[Copia de Recibo del Confinado (SOLAMENTE si se determinó la anterior una Intervención Administrativa)]