Attachment #1

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION INMATE GRIEVANCE FORM

INMATE'S NAME:	INMATESCH.	<u>-</u>	DATE.
INMATE'S NAME:	INMATE'S #:		DATE:
INICIPIED INCIDENT OCCUPED AT		DATE OF DICIDENT	
INSTITUTION INCIDENT OCCURRED AT:		DATE OF INCIDENT	:
77.077.77.077.077			
INSTRUCTIONS:			
1. Refer to 103 CMR 491, Inmate Grievance Policy.	0 1 1		
2. In Block B , give a brief and understandable summ			
3. List any actions you may have taken to resolve thi	s matter in Block C.	Be sure to include the ide	entity of staff
members you have contacted.			
4. Provide a Requested Remedy in Block D.			
A. When filing an Emergency Grievance check En	nergency.		
EM	EDCENCY		
EIVI	ERGENCY		
B. Give a brief and understandable summary of you		Additional names mass	he need if
· ·	our complaint/issue	. Additional paper may	be used, ii
necessary.			
C. List any action taken to address/resolve this ma	otter Include the id	lentity of staff members	vou have
contacted.	itter. Include the le	ichtity of staff members	you nave
contacteu.			
D. Provide your Requested Remedy.			
D. 110vide your requested remedy.			
Inmate's			
Signature		Date:	
Staff Recipient		Date:	
**DENIED GRIEVANCES MAY BE APPEALED	TO THE REVIEW		ΓΗΙΝ 10
BUSINESS DAYS.	, , , , , , , , , , , , , , , , ,	. 5 5 5	

(Inmate receipts/responses will be generated via the Inmate Management System)

COMMONWEALTH OF MASSACHUSETTS DEPARTAMENTO DE CORRECCION FORMULARIO DE QUEJA DE PRESO

NOMBRE DEL PRESO:	PRESO #:		FECHA:
INSTUTUCION INCIDENTE OCCURRIO:		FECHA DEL INCIDEN	NTE:
THE THE STATE OF T			
INSTRUCCIONES: Refiérase a 103 CMR 491, Políticas de Queja de Preso.			
En el Bloque B , dé un breve y comprensible resumen d			
Liste cualquier acción que usted ha tomado para resolvo		que C. Asegúrese de incl	luir la identidad
del miembro del personal que usted ha contactado.			
Provea el remedio que usted solicita en Bloque D.			
A. Cuando presente una Queja de Emergencia seleccio	one Emergencia.		
EMI	ERGENCIA		
B. Dé una breve y comprensible resumen de su queja /	asunto. Si es necesari	o, use papel adicional.	
C. Liste cualquiera acción que usted ha tomado para es	vnoner / resolver esta	materia Incluva la identi	dad de los
miembros del personal que usted ha contactado.	xponer / resorver esta	materia. meruya ia identi	dad de 103
1			
D. Provea el Remedio Solicitado.			
D. 110vea et Remedio Soficitado.			
Firma del preso		Fecha:	
Personal que lo recibe		Fecha:	

 $[\]ast\ast$ QUEJAS NEGADAS PUEDEN SER APELADAS A LA AUTORIDAD QUE LA REVISA DENTRO DE LOS 10 LABORALES

^{**}LOS RECIBOS/RESPUESTAS DE LOS RECLUSOS SE GENERARAN A TRAVES DEL SISTEMA DE GESTION DE RECLUSOS [Inmate Management System]

Attachment #2

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF CORRECTION INMATE GRIEVANCE APPEAL FORM

INMATE'S NAME:	INMATE'S #:		DATE:
INSTITUTION OCCURRED AT:		ASSIGNED GRIEVA	 NCE #:
INSTRUCTIONS:			
5. Refer to 103 CMR 491, Inmate Grievance Policy.			
6. Provide your appeal argument in Block A , in a bri	ef and understandab	le manner.	
7. Provide your requested remedy in Block B.			
A. Provide your appeal argument in a brief and un	iderstandable man	ner.	
B. Provide your requested remedy			
B. Trovide your requested remedy			
Inmetals Signature		Dotos	
Inmate's Signature		Date:	
Staff Recipient		Date:	

(Inmate receipts/responses will be generated via the Inmate Management System.)

Adjunto #2

COMMONWEALTH OF MASSACHUSETTS DEPARTAMENTO DE CORRECCION FORMULARIO DE APELACION DE QUEJA DE PRESO

OMBRE DEL PRESO:	PRESO #:		FECHA:
NSTITUCION INCIDENTE OCURRIO EN:		QUEJA ASIGNAD)A #:
NSTRUCCIONES: Lefiérase a 103 CMR 491, Política de Queja de Pr rovea su argumento de apelación en el Bloque A rovea el remedio que usted solicita en el Bloque	, de una manera bre B.		
rovea su argumento de apelación de una mano		ensible.	
Land Parameter And College			
ovea el r emedio que usted solicita			
Firma del Preso		Fecha:	
Personal que lo recibe		Fecha:	
Personal que lo recibe *Los recibos/respuestas de los reclusos se gen Aanagement System)	neraran a través de	el Sistema de Gestión de R	declusos. (Inmate

July 2025 PUBLIC Page 4 of 7

GRIEVANCE WITHDRAWAL FORM

I,		, request to withdraw the below grievance/grievance
appeal, base	d upon the following reas	on(s):
Grievano	ee#	Grievance Appeal #
Please check	x off the applicable line(s)	below:
	The grievance issue I regrievance was filed.	aised in a formal grievance has been resolved since the
	The appropriate Department staff have been contacted and the necessary action needed to resolve and rectify this matter, to my satisfaction, has been taken.	
	I have thought about this matter, and I have determined that this is not the appropriate process to address my concern or the issue.	
	Other:	
any expresse	ed or implied threats of re	ot under any form of duress or coercion, nor has there been staliation if I do not seek this withdrawal. I also understand rmination of the grievance/grievance appeal process.
Inmate's Na	me:	Date:
Witness:		Date:
cc: File		

MEMORANDUM

TO:	INMATE:	COMMITMENT#
FROI	M:	
DAT	E:	
RE:	SUSPENSION OF GRIE	EVANCE PRIVILEGES NOTIFICATION
	•	etermined to be an abuser of the grievance process in a Grievances, for the following reason(s):
	You have demonstrated repetitious, or knowingly	a pattern of abuse by filing clearly frivolous, y false documents.
	You have filed five (5)	or more grievances in a week.
	You have filed twenty (2	20) or more grievances in any 180 consecutive day period
	You have more than ten emergency grievances.	(10) active grievances at this time, not including
	You have been determine	ned to have abused the emergency grievance process.
As a 1 until		e, your ability to file grievances has been suspended
you n		address your concerns through informal measures, or warranted. You may not file an emergency grievance so.
cc.	Department Grievance Manage Institution Grievance Coordinat File	

Resolution Agreement

Check to indicate the type of complaint this resolution	n pertains to:
☐ Informal Complaint	Complaint Date:
Grievance Complaint Date:	Grievance Number:
Please indicate the type of resolution being offered: Monetary Property	☐ Both (Monetary and Property)
I,, an inmate of the agree to resolve the indicated complaint as I am satisf	ne Massachusetts Department of Correction, fied with the resolution as follows:
Furthermore, I release the Department of Correction of this complaint.	and its employees of all liability arising out
Inmate Signature:	Date:
Witness:	Date:
INSTITUTION OR DEPARTMENT GRIE	VANCE MANAGER APPROVAL
I have reviewed the facts of this resolution agreement	t and find this agreement to be appropriate.
	Date:
Superintendent or Department Grievance Coordinator	