

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

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**\*\*DENIED GRIEVANCES MAY BE APPEALED TO THE REVIEWING AUTHORITY WITHIN 10 BUSINESS DAYS.**  
(Inmate receipts/responses will be generated via the Inmate Management System)

|                               |               |
|-------------------------------|---------------|
| <b>Personal que lo recibe</b> | <b>Fecha:</b> |
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**\*\*LOS RECIBOS/RESPUESTAS DE LOS RECLUSOS SE GENERARAN A TRAVES DEL SISTEMA DE GESTION DE RECLUSOS [Inmate Management System]**

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

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

|                                                                                                                                                                                                                                               |                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------|
| <b>NOMBRE DEL PRESO:</b>                                                                                                                                                                                                                      | <b>PRESO #:</b> | <b>FECHA:</b>            |
| <b>INSTITUCION INCIDENTE OCURRIO EN:</b>                                                                                                                                                                                                      |                 | <b>QUEJA ASIGNADA #:</b> |
| <b>INSTRUCCIONES:</b><br>Refiérase a 103 CMR 491, Política de Queja de Preso.<br>Provea su argumento de apelación en el <b>Bloque A</b> , de una manera breve y comprensible.<br>Provea el remedio que usted solicita en el <b>Bloque B</b> . |                 |                          |
| <b>Provea su argumento de apelación de una manera breve y comprensible.</b>                                                                                                                                                                   |                 |                          |
| <b>Provea el remedio que usted solicita</b>                                                                                                                                                                                                   |                 |                          |

Firma del Preso \_\_\_\_\_ Fecha: \_\_\_\_\_

Personal que lo recibe \_\_\_\_\_ Fecha: \_\_\_\_\_

**\*\*Los recibos/respuestas de los reclusos se generaran a través del Sistema de Gestión de Reclusos. (Inmate Management System)**

**GRIEVANCE WITHDRAWAL FORM**

I, \_\_\_\_\_, request to withdraw the below grievance/grievance appeal, based upon the following reason(s):

☐ Grievance # \_\_\_\_\_ ☐ Grievance Appeal # \_\_\_\_\_

Please check off the applicable line(s) below:

- ☐ The grievance issue I raised in a formal grievance has been resolved since the grievance was filed.
- ☐ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have taken this action freely. I am not under any form of duress or coercion, nor has there been any expressed or implied threats of retaliation if I do not seek this withdrawal. I also understand that my withdrawal is considered a termination of the grievance/grievance appeal process.

Inmate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

cc: File

**MEMORANDUM**

TO: INMATE: \_\_\_\_\_ COMMITMENT# \_\_\_\_\_

FROM: \_\_\_\_\_

DATE: \_\_\_\_\_

RE: SUSPENSION OF GRIEVANCE PRIVILEGES NOTIFICATION

Please be advised that you have been determined to be an abuser of the grievance process in accordance with 103 CMR 491, *Inmate Grievances*, for the following reason(s):

- ☐ You have demonstrated a pattern of abuse by filing clearly frivolous, repetitious, or knowingly false documents.
- ☐ You have filed five (5) or more grievances in a week.
- ☐ You have filed twenty (20) or more grievances in any 180 consecutive day period.
- ☐ You have more than ten (10) active grievances at this time, not including emergency grievances.
- ☐ You have been determined to have abused the emergency grievance process.

As a result of the aforementioned abuse, your ability to file grievances has been suspended until \_\_\_\_\_.

During a normal suspension you may address your concerns through informal measures, or you may file emergency grievances if warranted. You may not file an emergency grievance if you have been suspended from doing so.

cc. Department Grievance Manager  
Institution Grievance Coordinator  
File

**Resolution Agreement**

Check to indicate the type of complaint this resolution 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 Massachusetts Department of Correction, agree to resolve the indicated complaint as I am satisfied with the resolution as follows:

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Furthermore, I release the Department of Correction and its employees of all liability arising out of this complaint.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTITUTION OR DEPARTMENT GRIEVANCE MANAGER APPROVAL**

I have reviewed the facts of this resolution agreement and find this agreement to be appropriate.

\_\_\_\_\_  
Superintendent or Department Grievance Coordinator

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