

 <p style="text-align: center;">Massachusetts Department of Correction STANDARD OPERATING PROCEDURE</p>	Effective Date <p style="text-align: center;">10/14/2025</p>	Responsible Division <p style="text-align: center;">Chief of Staff</p>
	Annual Review Date <p style="text-align: center;">4/28/2026</p>	
Policy Name <p style="text-align: center;">STANDARD OPERATING PROCEDURE TO 103 CMR 491, INMATE GRIEVANCE INFORMAL COMPLAINT PROCESS</p>	Regulation Reference: <u>M.G.L. c. 124, § 1(i) and (q) and c.127, § 38E</u>	
	DOC Policy Reference: 103 CMR 491	
	ACA/PREA Standards:	
Attachments Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Library Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Applicability: Staff/Inmates
Public Access Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Location: Department's Central Policy File Each Institution's Policies Files	
<p>PURPOSE: The purpose of 103 CMR 491 Standard Operating Procedure is to establish rules and procedures governing the filing and resolution of informal complaints. It is the policy of the Department of Correction (Department) that every individual committed to its custody shall have access to an internal grievance mechanism that provides a forum for the fair and impartial resolution of legitimate inmate complaints. The inmate grievance process is a non-adversarial administrative process which promotes problem resolution and provides inmates with a means to address their concerns in a responsible manner, thus enhancing skills for successful reentry.</p> <p>RESPONSIBLE STAFF FOR IMPLEMENTATION AND MONITORING OF POLICY: Chief of Staff Superintendents</p> <p>CANCELLATION: 103 CMR 491 cancels all previous Department or institution policy statements, bulletins, directives, orders, notices, rules, regulations, or standard operating procedures, regarding informal inmate complaints to the extent that they are inconsistent with 103 CMR 491.</p> <p>SEVERABILITY CLAUSE: If any article, section, subsection, sentence, clause or phrase of 103 CMR 491 is for any reason held to be unconstitutional, contrary to statute, in excess of the authority of the Commissioner or otherwise inoperative, such decision shall not affect the validity of any other section, subsection, sentence, clause or phrase of 103 CMR 491.</p>		

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I. Informal Complaint Resolution Process

- A. The informal complaint resolution process is the preferred mechanism for the resolution of inmate concerns. Effective communication between institution staff and inmates is essential. Most requests and complaints can be addressed easily and quickly through direct communication with the staff person responsible in the particular area of the problem. It is important that inmates attempt to address their issues at the lowest institutional level possible. Inmates are expected to express their concerns in a respectful, constructive manner. Staff awareness as to the need for prompt attention and response to these issues is also essential and will minimize the use of formal grievance procedures. Failure to file an Informal Complaint Form will disqualify an inmate from filing a formal grievance. However, a Step 1 Informal Complaint Form is not required for an emergency grievance, allegation of staff misconduct, or allegation of sexual assault/abuse.
- B. Communicating requests and complaints verbally should be the first step taken to address informal requests and concerns. Other avenues of informal communication include but are not limited to staff access, and correspondence submitted to the staff person responsible for the area of concern. Staff shall respond to written or verbal concerns submitted by inmates in an expedient manner.
- C. The inmate orientation program and manual shall include a component addressing the staff communication and informal complaint resolution process.
- D. The informal complaint resolution process shall include, but not be limited to, the utilization of the Informal Complaint Form (Attachment #1).
- E. While inmates are encouraged to utilize other available avenues as defined in the Informal Complaint Resolution, Standard Operating Procedures (B), for addressing complaints prior to submitting an Informal Complaint Form, they shall not be penalized for failing to do so. However, timeframes in which to file an informal complaint shall be kept in mind.
- F. The informal complaint resolution process is not a substitute for existing appeal processes, including but not limited to classification and disciplinary appeals.

II. Informal Complaint Forms

- A. The informal complaint resolution process shall be coordinated by a staff person designated by the Superintendent.
- B. The Superintendent shall designate areas where inmates may obtain the Informal Complaint Forms, including the inmate libraries and special housing units.

- C. Inmates shall file an Informal Complaint Form within five (5) working days of the actual incident or within five (5) working days of the inmate's becoming aware of the incident or situation, whichever is later.
- D. Informal Complaint Forms should contain a brief description of the issue and a requested remedy. If more than one (1) issue exists, inmates shall use separate forms for each issue to ensure it is referred to the appropriate staff person for response.
- E. Inmates shall address forms to the Informal Complaint Coordinator and submit them via institution mail or deposit them directly into the locked drop box designated for grievances.
- F. The institution grievance coordinator shall forward Informal Complaint Forms submitted via the locked drop box to the Informal Complaint Coordinator each business day.
- G. The Informal Complaint Coordinator shall immediately screen the incoming Informal Complaint Forms for compliance and if compliant, shall ensure they are recorded into the informal complaint resolution log within one (1) working day of receipt.
- H. Whenever an Informal Complaint Form is returned for non-compliance, the inmate shall have an additional three (3) business days from the date of receipt to file in the proper format. Reasons an Informal Complaint Form can be returned include, but are not limited to:
 - 1. Missing the inmate's signature
 - 2. No requested remedy
 - 3. Filed on behalf of another inmate or group of inmates
 - 4. Missing the date the incident occurred
 - 5. Multiple issues on one (1) Informal Complaint Form
 - 6. Use of an outdated Informal Complaint Form
- I. Within one (1) working day of logging the Informal Complaint Form, the Informal Complaint Coordinator shall forward a copy of the Informal Complaint Form to the responsible area staff person for possible resolution.
- J. The responsible area staff person shall evaluate the request or concern, including interviewing the inmate and the staff person responsible for the area where the problem occurred, if deemed appropriate.
- K. Once the responsible area staff person makes their decision, they shall take appropriate action to resolve the matter or advise the inmate of the reason for denial on the Informal Complaint Form.

- L. The responsible area staff person shall document their response on the Informal Complaint Form within ten (10) working days of receipt and return it to the Informal Complaint Coordinator.
- M. The Informal Complaint Coordinator shall document the outcome of the informal complaint resolution process into the informal complaint resolution log. The Informal Complaint Coordinator shall also maintain the completed Informal Complaint Form which shall be attached to the original on file. Inmates shall be provided with two (2) copies of the completed Informal Complaint Form.
- N. All proposed property or monetary resolutions resulting from an informal complaint are to be approved by the Superintendent on the appropriate Resolution Agreement form before offering the inmate a resolution (Attachment #2). The Informal Complaint Coordinator shall ensure that the physical description and monetary value is noted on the form prior to proposing the settlement to the Superintendent.

III. Resolution Agreement

- A. When an inmate accepts a resolution offer, the inmate shall sign the Resolution Agreement form acknowledging same. Once signed, the decision shall be considered final and may not be appealed.
- B. An inmate's refusal to sign the form shall be documented on the Resolution Agreement and the resolution offered shall be considered withdrawn.
- C. The Superintendent or designee shall review the log periodically to identify and address potential problem areas.
- D. Once the informal complaint resolution process has concluded and if the inmate is not satisfied with the informal decision rendered, the inmate shall have ten (10) working days from receipt of the informal complaint decision to file a formal grievance without being penalized.

COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF CORRECTION
INFORMAL COMPLAINT FORM

Inmate Name: _____ Commitment #: _____

Incident Date: _____ Institution: _____ Housing Unit: _____

IMPORTANT: A Step 1 Informal Complaint Form is not required for an emergency grievance, allegation of staff misconduct, or allegation of sexual assault/abuse. Please file a formal grievance.

CHECK OFF AREA OF CONCERN (ONE ISSUE PER FORM ALLOWED)			
<input type="checkbox"/> CANTEEN	<input type="checkbox"/> FOOD	<input type="checkbox"/> HOUSING ASSIGNMENT/STATUS	<input type="checkbox"/> INMATE ACCOUNTS
<input type="checkbox"/> LIBRARY	<input type="checkbox"/> MAIL	<input type="checkbox"/> PHONE	<input type="checkbox"/> PHYSICAL PLANT
<input type="checkbox"/> PROCEDURE	<input type="checkbox"/> PROGRAMS	<input type="checkbox"/> PROPERTY	<input type="checkbox"/> RELIGION
<input type="checkbox"/> SEARCHES/INST	<input type="checkbox"/> VISITS	<input type="checkbox"/> OTHER _____	

State completely, but briefly, the single issue of concern:

Requested resolution:

List any previous steps you have taken to resolve your concern:

(Use other side of page if more space is needed)

Inmate Signature: _____ **Date:** _____

Note: If you follow instructions in preparing your request, it can be addressed more readily. Your complaint will be reviewed and replied to within ten (10) business days from the date of receipt.

DO NOT WRITE BELOW THIS LINE (Reserved for Staff Response)

Received By: _____ **Date Received:** _____

DECISION

Resolution: Granted Partially Granted Denied Alternate Resolution Offered N/A
 File a Formal Grievance

Comments: _____

Decision By: _____ **Date:** _____

* Denied informal complaints may be appealed to the Institution Grievance Coordinator within ten (10) business days.

COMMONWEALTH DE MASSACHUSETTS
DEPARTAMENTO DE CORRECCIÓN
FORMULARIO INFORMAL DE QUEJA

Nombre del Recluso: _____ Compromiso#: _____
Fecha del Incidente: _____ Institución: _____ Unidad de Vivienda: _____

IMPORTANTE: No se requiere un formulario de queja informal paso 1 para una queja de emergencia, acusación de mala conducta del personal o acusación de agresión/abuso sexual. Por favor, presente una queja formal.

DESPROTEGEN EL ÁREA DE PREOCUPACIÓN (SE PERMITE UN PROBLEMA POR FORMULARIO)	
<input type="checkbox"/> CANTINA	<input type="checkbox"/> VIVERES
<input type="checkbox"/> BIBLIOTECA	<input type="checkbox"/> CORREO
<input type="checkbox"/> PROPIEDAD	<input type="checkbox"/> RELIGION
<input type="checkbox"/> OTRO _____	<input type="checkbox"/> ASIGNACIÓN/ESTATUS DE VIVIENDA
	<input type="checkbox"/> CUENTAS DE PRESOS
	<input type="checkbox"/> TELEFONO
	<input type="checkbox"/> PLANTA FÍSICA
	<input type="checkbox"/> PROCEDIMIENTO
	<input type="checkbox"/> PROGRAMAS
	<input type="checkbox"/> BÚSQUEDAS/INST
	<input type="checkbox"/> VISITAS

Estado completamente, pero brevemente, la cuestión única de preocupación:

Resolución solicitada:

Enumere los pasos anteriores que haya tomado para resolver su inquietud:

(Utilice otro lado de página si se necesita más espacio)

Firma del recluso: _____ **Fecha:** _____

Nota: Si sigue las instrucciones para preparar su solicitud, se puede abordar más fácilmente. Su queja será revisada y respondida dentro de los diez (10) días hábiles a partir de la fecha de recepción.

NO ESCRIBA DEBAJO DE ESTA LÍNEA (Reservada para la respuesta del personal)

Recibido Por: _____ **FECHA RECIBIDA:** _____

DECISION

Resolución: Concedido Parcialmente Concedido Negado Resolución Alternativa Ofrecida N/A
 Presentar una Queja Formal

Comentarios: _____

Decisión por: _____ **Fecha:** _____

* Las quejas informales denegadas pueden ser apeladas ante el Coordinador de Quejas de la Institución dentro de los diez (10) días hábiles.

