Facility: __________________________ Housing Location: __________________________

Name of Inmate: __________________________ Grievance #: __________________________

Brief Description of the Grievance *(Submitted by the grievant within 5 days of occurrence)*

Number of Sheets Attached ( )

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Action requested by the grievant *(Submitted by the grievant within 5 days of occurrence)*:

Number of Additional Sheets Attached ( )

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Grievant Signature: __________________________ Date/Time Submitted: __________________________

Receiving Staff Signature: __________________________ Date/Time Received: __________________________

Investigation Completed by: __________________________ Date Completed: __________________________

Decision of the Grievance Coordinator

Written decision shall be issued within 5 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CAO)
☐ Grievance Accepted
☐ Grievance Denied on Merits
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (can be appealed to CAO)
☐ Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

Signature of the Grievance Coordinator: __________________________ Date: __________________________
New York State Commission of Correction
Inmate Grievance Form Part II

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO C.A.O. FOR DETERMINATION

Grievant’s Appeal to the Chief Administrative Officer
Must submit within two business days of receipt of the Grievance Coordinator’s written decision
I have read the above decision of the Grievance Coordinator and
( ) I agree to accept the decision
( ) I am appealing to the Chief Administrative Officer

Grievant Signature: ___________________________ Date: _______________

Decision of the Chief Administrative Officer: __________________________ Number of Sheets Attached (  )

☐ Non-grievable issue as per 9 NYCRR §7032.4(h) (may not be appealed to CPCRC)
☐ Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l))
☐ Grievance Denied on Merits
☐ Grievance Denied due to submitted beyond 5 days of act or occurrence (may be appealed to CPCRC)
☐ Grievance Denied due to appeal submitted beyond 2 business days (may be appealed to CPCRC)
☐ Grievance Accepted in part/Denied in part (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7032.4(l) for the Accepted portion of grievance)

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Signature of the Chief Administrative Officer: __________________________ Date: _______________

Pursuant to 9 NYCRR §7032.5(a), any grievant may appeal any grievance DENIED by the facility administrator, in whole or in part, to the State Commission of Correction.

I have read the above decision of the Chief Administrative Officer and
( ) I agree to accept the decision
( ) I am appealing to the Citizen’s Policy and Complaint Review Council

Grievant Signature: __________________________ Date: _______________

Submission to the Citizen’s Policy and Complaint Review Council

NOTE: IF GRIEVANT HAS BEEN TRANSFERRED OR RELEASED FROM THE FACILITY, FORWARD TO CPCRC UNLESS C.A.O. HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE CHIEF ADMINISTRATIVE OFFICER OR FOUND NON-GRIEVABLE BY THE CHIEF ADMINISTRATIVE OFFICER MAY NOT BE APPEALED, AND SHALL NOT BE FORWARDED, TO THE CITIZEN’S POLICY AND COMPLAINT REVIEW COUNCIL.

I HAVE ISSUED THE GRIEVANT A RECEIPT INDICATING THE DATE THE APPEAL HAS BEEN SUBMITTED TO THE CITIZEN’S POLICY AND COMPLAINT REVIEW COUNCIL. I HAVE ENCLOSED WITH THIS GRIEVANCE THE INVESTIGATION REPORT, THE WRITTEN DIRECTIVE OF PROVIDED REMEDY/RELIEF FOR GRIEVANCES SUSTAINED IN PART (IF APPLICABLE) AND ALL OTHER PERTINENT DOCUMENTS.

Signature of the Grievance Coordinator: __________________________ Date: _______________
New York State Commission of Correction
Grievance Investigation Form

Date(s) of Investigation: ____________________  Inmate’s Name: ____________________________________________

Facility: ________________________________  Facility Grievance Number: ______________

Description of the issues  Supplement Attached ( )

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Interview summary of ALL persons involved with the grievance: List names AND brief summary of each interview  Statements Attached ( )

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____________________________________________________________________________________________

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____________________________________________________________________________________________

Summary of findings  Supplement Attached ( )

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____________________________________________________________________________________________

List of other relevant information/documentation  Supplement Attached ( )

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____________________________________________________________________________________________

____________________________________________________________________________________________

____________________________________________________________________________________________

Report prepared on: ______________________  Printed Name: ____________________________________________

Signature: ______________________________  Title: _______________________________________________