

New York State Commission of Correction
Youth Grievance Form
Form SCOC 7332-1 (9/2018)

Facility: _____

Housing Location: _____

Name of Youth: _____

Grievance #: _____

Brief Description of the Grievance (Submitted by the grievant within 10 days of occurrence)

Number of Sheets Attached ()

Action requested by the grievant (Submitted by the grievant within 10 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

Number of Sheets Attached ()

Written decision shall be issued within 7 business days of receipt of grievance and shall include specific facts and reasons underlying the determination

- Non-grievable issue as per 9 NYCRR §7332.4(h) (may not be appealed to Director)
- Grievance Accepted
- Grievance Denied on Merits
- Grievance Denied due to submitted beyond 10 days of act or occurrence (can be appealed to Director)
- Grievance Accepted in part/ Denied in part (Note specific Acceptance/Denial parts below)

Signature of the Grievance Coordinator: _____

Date: _____

New York State Commission of Correction
Youth Grievance Form Part II

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

Grievant's Appeal to the Director

Must submit within 5 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 Director: _____ **Number of Sheets Attached ()** _____

Shall be issued within 7 business days after receipt of appeal and provided to grievant

- Non-grievable issue as per 9 NYCRR §7332.4(h) (may not be appealed to CPCRC)
- Grievance Accepted (attach written directive of provided remedy/relief pursuant to 9 NYCRR §7332.4(l))
- Grievance Denied on Merits
- Grievance Denied due to submitted beyond 10 days of act or occurrence (may be appealed to CPCRC)
- Grievance Denied due to appeal submitted beyond 5 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 §7332.4(l) for the Accepted portion of grievance)

Signature of the Director: _____ Date: _____

Pursuant to 9 NYCRR §7332.5(a), any grievant may appeal any grievance DENIED by the Director, in whole or in part, to the State Commission of Correction within 5 business days of receipt of the Director's determination.

- I have read the above decision of the Director 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 DIRECTOR HAS ACCEPTED THE GRIEVANCE IN ITS ENTIRETY

NOTE: A GRIEVANCE ACCEPTED IN ITS ENTIRETY BY THE DIRECTOR OR FOUND NON-GRIEVABLE BY THE DIRECTOR 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: _____

Youth's Name: _____

Facility: _____

Facility Grievance Number: _____

Description of the issues

Supplement Attached ()

**Interview summary of ALL persons involved with the grievance: List names
(including grievant) AND brief summary of each interview**

Statements Attached ()

Summary of findings

Supplement Attached ()

List of other relevant information/documentation

Supplement Attached ()

Report prepared on: _____

Printed Name: _____

Signature: _____

Title: _____