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 ( )

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Action requested by the grievant (Submitted by the grievant within 10 days of occurrence):
Number of Additional Sheets Attached ( )

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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)

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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)

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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 ( )

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

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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: ________________________________