



**CITY OF NEW YORK - DEPARTMENT OF CORRECTION
OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**

Form: 7101R
Eff.: 2/25/20
Ref.: Dir. 3376R.



The Office of Constituent and Grievance Services (OCGS) at the NYC Department of Correction is available to resolve your individual complaints or concerns about specific matters involving incarceration.

You may first seek to resolve the issue or condition by speaking to the involved staff or your housing area officer.

- A grievance is a written or electronic (311) submission by an inmate in the Department's custody about an issue or condition relating to the inmate's confinement. Before you seek relief from an external entity, like the courts or another agency, you should file a grievance with this office.
 - You have the right to file a grievance. If you believe Department staff is retaliating against you because of a grievance you submitted, you can file a staff complaint through the grievance process. There must be some connection between the previous grievance you filed and the staff complaint to claim retaliation. Retaliation is any action or threat of action against an incarcerated individual who participates in the grievance process. Retaliation by Departmental staff against anyone for participating in the grievance process is strictly prohibited. Behaviors that may be considered retaliatory include, but are not limited to: threats, reprimands, harassment, or denial of certain privileges.
 - Inmates are only allowed to file one complaint for each grievance either written on this form or calling 311.
 - Inmates shall not file repetitive grievances on this form or call 311, where the time frame to investigate said grievance has not expired. This will be considered misuse. All grievances have a seven day investigation timeframe.
- All grievance forms must be signed. Failure to sign form will be deemed invalid.*

THE SUBMISSION AND APPEALS PROCESSES

1.SUBMISSION

Submit this form (Statement form) to the OCGS office, OCGS staff, or drop it in a grievance box. Your grievance form will be returned to you if the complaint is outside of OCGS jurisdiction such as complaints in regards to disciplinary process; if the grievance contains multiple issues; or if the grievance form is not signed. Please speak with the grievance staff in your facility for additional information.

2.FORMAL RESOLUTION

You will receive a proposed resolution within seven (7) business days after the OCGS receives the form. If you disagree with the proposed resolution, you will have two business days to request an appeal to the facility Commanding Officer.

3.COMMANDING OFFICERS REVIEW

The OCGS staff will forward your appeal to the commanding officer within one business day of receiving it. Within five (5) business days of receiving the appeal, the commanding officer will render a written disposition, you will have two (2) business days to appeal to the Division Chief.

4.APPEAL TO THE DIVISION CHIEF

The OCGS staff will forward your appeal to the Division Chief within one business day of receiving it. Within five (5) business days of receiving the appeal, the Division Chief will render a written disposition.

5.CENTRAL OFFICE REVIEW COMMITTEE

If you disagree with the Division Chief's disposition, you will have two (2) business days to appeal to the Central Office Review Committee (CORC). The CORC will render a disposition within fifteen business days of receiving the appeal. The CORC's disposition constitutes the Department's final decision.

GRIEVANCE CATERGORIES

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|---------------------------------|---------------------------|
| 1. CLASSIFICATION/SRG STATUS | 13. MENTAL HEALTH |
| 2. CLOTHING | 14. PERSONAL HYGIENE |
| 3. COMMISSARY | 15. PHONE |
| 4. CORRESPONDENCE / MAIL | 16. PROGRAMS |
| 5. EMPLOYMENT | 17. PROPERTY |
| 6. ENVIRONMENTAL | 18. RECREATION |
| 7. FOOD | 19. RELIGION |
| 8. INMATE ACCOUNT | 20. RULES AND REGULATIONS |
| 9. JAIL TIME | 21. SCHOOL |
| 10. LAUNDRY | 22. SEARCH |
| 11. LAW LIBRARY | 23. SOCIAL SERVICES |
| 12. MEDICAL/ACCESS TO SICK CALL | 24. TRANSPORTATION |
| | 25. VISIT |
| | 26. OTHER |

CATERGORIES NOT SUBJECT TO THE GRIEVANCE PROCESS

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| 1. ASSAULT ALLEGATION |
| 2. SEXUAL ABUSE/SEXUAL HARASSMENT (PREA) |
| 3. HARASSMENT ALLEGATION |
| 4. STAFF COMPLAINT |
| 5. INMATE ALTERCATION |
| 6. INMATE ON INMATE SEXUAL ABUSE/SEXUAL HARASSMENT ALLEGATION (PREA) |
| 7. INMATE ON-INMATE VERBAL HARASSMENT ALLEGATION |
| 8. STATUS AS AN INTENDED CONTRABAND RECIPIENT, ENHANCED RESTRAINT STATUS, RED ID OR CMC) |
| 9. MEDICAL STAFF / MENTAL HEALTH STAFF |
| 10. REQUEST FOR PROTECTIVE CUSTODY |
| 11. REQUEST FOR ACCOMMODATION DUE TO DISABILITY |
| 12. FREEDOM OF INFORMATION LAW REQUEST |
| 13. HOUSING |
| 14. INMATE GRIEVANCE |
| 15. OTHER |



CITY OF NEW YORK - DEPARTMENT OF CORRECTION

**OFFICE OF CONSTITUENT AND GRIEVANCE SERVICES
INMATE STATEMENT FORM**

Form: 7101R
Eff.: 2/28/20
Ref.: Dir. 3376R-A



Inmate's Name:

Book & Case #:

NYSID #:

Facility:

Housing Area:

Date of Incident:

Date Submitted:

All grievances must be submitted within ten business days after the incident occurred, unless it's a sexual abuse or harassment allegation. The inmate filing the grievance must personally prepare this statement. Upon collection by the Office of Constituent and Grievance Services (OCGS) staff, OCGS staff will time-stamp and issue it a grievance reference number. OCGS staff shall provide the inmate with a copy of this form as a record of receipt.

Grievance:

Action Requested by Inmate:

Please read below and check the correct box:

- Do you agree to have your statement edited for clarification by OCGS staff? Yes No
- Do you need the OCGS staff to write the grievance for you? Yes No
- Have you filed this grievance with a court or other agency? Yes No
- Did you require the assistance of an interpreter? Yes No

Inmate's Signature:

Date of Signature:

FOR DOC OFFICE USE ONLY

OCGS MUST PROVIDE A COPY OF THIS FORM TO THE INMATE AS A RECORD OF RECEIPT.

THIS FORM IS INVALID UNLESS SIGNED BY THE INMATE AND GRIEVANCE COORDINATOR

TIME STAMP

Grievance Reference #

Category:

Office of Constituent and Grievances Services Coordinator/Officer Signature: