



# Commission of Correction

**THOMAS A. BEILEIN**  
Chairman

**PHYLLIS HARRISON-ROSS, M.D.**  
Commissioner

**THOMAS J. LOUGHREN**  
Commissioner

## CHAIRMAN'S MEMORANDUM

**NO:** 8-2015  
**DATE:** November 17, 2015  
**TO:** SHERIFFS, COMMISSIONERS OF CORRECTION and JAIL ADMINISTRATORS  
**RE:** New Inmate Grievance Form

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In its function of reviewing inmate grievance appeals, the Citizen's Policy and Complaint Review Council (CPCRC) has received numerous submissions in which the grievance coordinator and/or the chief administrative officer have not clearly specified whether the grievance has been sustained or denied. To remedy this issue, and to provide inmate grievants, grievance coordinators and chief administrative officers instructions that specify timelines and submission requirements, the Commission of Correction has modified the inmate grievance form, which is attached hereto.

For your convenience, the new inmate grievance form has been posted, in both Word and pdf versions, in the "Forms" tab of the Commission's webpage ([www.scoc.ny.gov](http://www.scoc.ny.gov)). 9 NYCRR §7032.6 requires each facility to "utilize both an inmate grievance form and an investigation report form as provided by the Commission of Correction." Although allowed in the past, the Commission must now insist that local correctional facilities not amend or alter the provided grievance form, other than inserting the facility name, before issuing to an inmate grievant. While supplemental sheets may be attached to the form by both the grievant and the facility administration, the form itself must remain in its 2 page format.

Local correctional facilities may begin to use the form immediately, but new grievance forms shall be issued to inmate grievants beginning January 1, 2016. Should you have any questions in this regard, please feel free to contact the SCOC Correctional Facility Specialist assigned to your facility. Thank you for your anticipated cooperation in this regard.

Thomas A. Beilein, Chairman

New York State Commission of Correction  
**Inmate Grievance Form**  
Form SCOC 7032-1 (11/2015)

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 ( )

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Action requested by the grievant (Submitted by the grievant within 5 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 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 ( )

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

- 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: \_\_\_\_\_

