

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: \_\_\_\_\_

