

A GUIDE TO THE GRIEVANCE PROCESS IN THE DISTRICT OF COLUMBIA JAIL

The grievance process is complicated, so don't get frustrated, just read through this guide several times, and if you still don't understand something, CALL US at 202-775-0323 and we will explain what you need to do to complete the process successfully. *We take collect calls.*

In 1995, Congress passed the *Prison Litigation Reform Act*, which says that inmates must exhaust or complete the entire Internal Grievance Process for their institution. The **penalty for not** completing the process is that an inmate is **forbidden from filing a suit based on Federal Law** (there are very limited exceptions).

So protect your right to sue, complete the process!

IMPORTANT POINTS

1. You have **15 days** to file your **Level 1** grievance from the **date of the incident** you are grieving.
2. **EXTREMELY IMPORTANT***** In many cases, you **will not** receive a response at any level of the grievance process. You must wait **21 days** (+2 days for mail delivery) from the date of the previous level of grievance filed, to file the next level.

On the 23rd day, if you have **not** received a response, **FILE THE NEXT LEVEL GRIEVANCE. DON'T WAIT ANY LONGER!** Many inmates wait and lose their rights. Don't be one of them!

3. If you have missed a deadline for some reason, **file late anyway** and state the reason you are filing late (example: my writing hand was broken).
4. **Don't be late because you cannot obtain forms!** If you can't get a form by the deadline, **file on a plain piece of paper**. See sample handwritten forms on PAGES 7-9.
5. Use the enclosed calendar to **avoid confusion** on upcoming filing deadlines.

Filing a §12-309: Suing the District of Columbia

In addition to safeguarding your right to sue in Federal Court by exhausting the grievance process, you should file a §12-309 notice to the Mayor within **SIX MONTHS** of the incident you may be suing over. This preserves your right to sue the District in Superior Court for common law offenses like assault and violations of DC law. See the Sample §12-309 notice on PAGE 10.

You should receive a confirmation within 30 days of the Mayor's office receiving it. **IF YOU DO NOT RECEIVE ONE**, then file your notice again.

DISCLAIMER: This document is not intended to replace the advice of any attorney. This document does not represent legal advice by the DCPLSP.

GENERAL CHECKLIST FOR ALL GRIEVANCE LEVELS

1. **Keep at least 2 copies** of everything that you file. You can write out the copies by hand. You will need them to proceed to the next grievance level or if you file a suit.
2. **Be Specific!** Describe the problem with specific details, big and small. Try to describe what happened and how it affected you. Names? Exact Location? Day? Time?
3. Use **One Form** for Each Grievance- If you have many issues, file separate forms for each.
4. AT EVERY LEVEL, on EACH form, you must **describe** how you are submitting your grievance form—there are 3 options:
 - a. If you are in General Populations, write “*I am placing this form in the grievance mailbox on my unit on Date on Form”*”
 - b. If you are in Segregation or Isolation, write “*I am giving this grievance form to a unit staff member on Date on Form”*”.
 - c. Another process you are using that doesn’t fall into one of the above categories.
5. You must fill in the blanks provided on the forms, or include the following on plain paper:
 - a. Your Name
 - b. Your DCDC#
 - c. Name of the institution where you are housed (CDF or CTF)
 - d. The Date
 - e. YOUR SIGNATURE

NOTE: IF YOU NEED TO FILE AN EMERGENCY GRIEVANCE, PLEASE FOLLOW THESE EXTRA INSTRUCTIONS.

For use if you are facing great risk of personal injury or irreparable harm.

- ⇒ **Use a Form 1 and write “Emergency Grievance” on the top.**
- ⇒ **Put it in a sealed envelope and mark the envelope “Emergency Grievance”**
- ⇒ **Address it to the lowest level administrator at which the appropriate remedy can be given (if it is especially sensitive, you can send it right to the Director)**
- ⇒ **If it is not accepted as an emergency, you will be notified and it will be treated as a regular grievance.**
- ⇒ **If it is treated as an emergency, you should get an answer within three days (72 hours).**
- ⇒ **If you are not satisfied with the answer, or do not get one, appeal to the next level within two days (48 hours).**

FILE A GRIEVANCE TO THE WARDEN (LEVEL 1)

Before starting the formal grievance process, you must first try to fix your problems by making what is called an Informal Request. To do this, **Either**:

1. Try talking to whoever you have a problem with. Make a note in your records of when you tried this. **OR**
2. Complete an Informal Request Slip (to your case manager, counselor, Housing Unit Officer, etc.) and place it in the institutional mailbox. (not the IGP mailbox). Make a copy of your Informal Request Slip (you can write out the copy by hand). You will need it later.

If this solves the problem, that is great! If the staff doesn't answer your Informal request or doesn't solve your problem, begin the Formal Grievance process.

STEP 1. File a formal grievance by completing *IGP Form 1*. You should be able to get this form from any staff member assigned to your housing unit.

- If you cannot get one, you may write your grievance on a regular sheet of letter sized paper (see PAGE 7 for Sample **Level 1** form and use PAGE 2 checklist.).
- Make sure you attach a copy of your Informal Request Slip, or write exactly how you tried to solve your problem using the Informal Resolution process.

STEP 2. Go over Checklist on PAGE 2, so you don't forget anything!

STEP 3. Calculate on what day you are supposed to receive a response from the Institution Administrator. **Add 23 days** (including 2 for the mail) to the date you filed your **Level 1** grievance. **Mark this date on your Calendar provided on PAGE 11!**

STEP 4. Have you received a Response?

- If it is **day 23** and you have NOT RECEIVED A RESPONSE, you must file a **Level 2** Grievance, *go to Step 5*.
- IF YOU RECEIVE A RESPONSE (anytime during that 23 days) and you disagree and want to go further, *go to Step 7* and file a **LEVEL 2** grievance, but you only have 5 days from the date you receive the response to file. **Mark this date on PAGE 11!**

Example:

If you filed a Level 1 grievance on **May 1st** and you have not received a response by **May 24th**, you must file a **Level 2** grievance.

If you filed a Level 1 grievance on **May 1st** and you receive a response on **May 18th** and disagree with it, you have **5 days**, until **May 23rd** to file a **Level 2** grievance.

- ☑ **IF YOU RECEIVE A CONTINUANCE FORM** that says that the staff needs more than 15 days to respond, the form will give you a **new date** by which they will respond.
 - IF THEY DO NOT RESPOND by the new date, *go to Step 5*, and file a **Level 2** grievance form.
 - IF THEY DO RESPOND, you have 5 days from the date you receive the response, to file a **Level 2** grievance, *go to Step 7* **Mark this date on PAGE 11!**

LEVEL 2 APPEAL

You must send **Level 2** appeals by mail (don't forget a stamp). Address the envelope to:

Deputy Director, Department of Corrections
 1923 Vermont Ave., NW
 Washington, DC 20001.

STEP 5. If you **DID NOT** get a response to **Level 1** within 23 days, then file an appeal. Use a **Level 2** grievance form (*Form 3*) if you can get one.

- ☑ If you cannot get a **Level 2** form, make sure that you clearly write on the top of the form that you can get "*Level 2 Grievance*" and "*To: Deputy Director, Department of Corrections.*"
- ☑ If you cannot get any forms, go to PAGE 8 (TOP) for Sample **Level 2** form and use PAGE 2 checklist to write your grievance on letter size paper.
- ☑ Begin Your **Level 2** grievance by writing: "*I have attached a copy of the Level 1 grievance that I filed on date on Level 1 form. I did not receive a response within 21 days. I am now exercising my right to grieve to the next level.*" (If you do not write all of the above, your appeal may be rejected.)
- ☑ Describe your problem again to the extent you have space.
- ☑ **Attach one of the copies of your Level 1 grievance.** (If you don't your appeal may be rejected.)

STEP 6. Go over Checklist on PAGE 2, so you don't forget anything!

STEP 7. If you **DID** get a response to **Level 1** and you disagree with it, file an appeal. Use the **Level 2** grievance form (*form 3*) that should come with your **Level 1** response.

- ☑ If you cannot get a **Level 2** form, make sure that you clearly write on the top of the form that you can get "*Level 2 Grievance*" and "*To: Deputy Director, Department of Corrections.*"

- ☑ If you cannot get any forms, go to PAGE 8 (BOTTOM) for Sample **Level 2** form and use the PAGE 2 checklist to write your grievance on letter size paper.
- ☑ Begin Your **Level 2** Grievance by Writing: “*I disagree with the decision at Level 1 that I filed on date on Level 1 form and I am filing an appeal to Level 2.*”
- ☑ Describe your problem again to the extent you have space.
- ☑ **Attach one of the copies of your Level 1 grievance. (If you don't your appeal may be rejected.)**

STEP 8. Go over Checklist on PAGE 2, so you don't forget anything!

STEP 9. Calculate on what day you are supposed to receive a response from the Deputy Director. **Add 23 days** (including 2 for the mail) to the date you filed your **Level 2** grievance. **Mark this date on your Calendar provided on PAGE 11!!**

STEP 10. Have you received a response?

- ☑ If it is **day 23** and you have NOT RECEIVED A RESPONSE, you must file a **Level 3** Grievance, a final appeal, *go to Step 11.*
- ☑ IF YOU RECEIVE A RESPONSE (anytime during that 23 days) and you disagree and want to go further, you *go to Step 13* and file a **Level 3** grievance, but you only have 5 days from the date of the response to file. **Mark this date on PAGE 11!**

Example:

If you filed a **Level 2** grievance on May 23rd and you have not received a response by June 15th, you must file a **Level 3** grievance.

If you filed a **Level 2** grievance on May 23rd and you receive a response on June 8th and disagree with it, you have 5 days, until June 13th to file a **Level 3** grievance.

LEVEL 3 APPEAL (FORM 4)

You must send **Level 3** appeals by mail(don't forget a stamp). Address the envelope to:

Director of Department of Corrections
 1923 Vermont Ave. , NW
 Washington, DC 20001.

STEP 11. File an appeal. Use a **Level 3** grievance form (*form 4*) if possible.

- If you cannot get a **Level 3** form, make sure that you clearly write on the top of the form that you can get “*Level 3 Grievance*” and “*To: Director of Department of Corrections*”
- If you cannot get any forms, go to PAGE 9 (TOP) for Sample **Level 3** form and use PAGE 2 checklist to write your grievance on letter size paper.
- Begin Your **Level 3** Grievance by Writing: “*I have attached a copy of the Level 2 grievance that I filed on date on Level 2 form and the Level 1 grievance that I filed on date on Level 1 form. I did not receive a response within 21 days. I am now exercising my right to grieve to the next level.*”
(If you do not write all of the above, your appeal may be rejected.)
- Describe your problem again to the extent you have space.
- Attach one of the copies of your Level 1 AND Level 2 grievances. (If you don't your appeal may be rejected.)**

STEP 12. Go over Checklist on PAGE 2, so you don't forget anything!

STEP 13. If you did get a response from **Level 2** that told you that you can grieve to **Level 3**, file an appeal. Use the **Level 3** grievance form (*form 4*) that should come with your **Level 2** response.

- If you cannot get a **Level 3** form, make sure that you clearly write on the top of the form that you can get “*Level 3 Grievance*” and “*To: Director of Department of Corrections*”
- If you cannot get any forms, go to PAGE 9 (BOTTOM) for Sample **Level 3** form and use PAGE 2 checklist to write your grievance on letter size paper.
- Begin Your **Level 3** Grievance by Writing: “*I disagree with the decision at Level 2 that I filed on date on Level 2 form and the Level 1 grievance that I filed on date on Level 1 form. I am now filing an appeal to Level 3 under D.O. 4030.1D.*”
(If you do not write all of the above, your appeal may be rejected.)
- Describe your problem again to the extent you have space.
- Attach one of the copies of your Level 1 AND Level 2 grievances. (If you don't your appeal may be rejected.)**

STEP 14. Go over Checklist on PAGE 2, so you don't forget anything!

STEP 15. CONGRATULATIONS! You have completed the process and protected your right to file in court. All papers from the grievance process will be very important if you want to take legal action. Keep them!

*Inmate Grievance
Institutional Administrator's Remedy*

From: Inmate, John Q. DCDC#: 601-999 Cell/Block No.: SW1 #12 Institution: CDF

Part A - Inmate Complaint: I was assaulted by Fighting Fred while in the Day Room of North-1. He jumped on my stomach and kicked me in the head, breaking two of my ribs and causing my head to bleed. This happened at about 3pm on 5/3/05. Corporal Joe Guard watched and did nothing. Medical did not see me for 3 days. I have terrible pain in my stomach and unbearable headaches. I am placing this form in the grievance mailbox on my unit on 5/18/05.

Remedy Sought: I am seeking adequate medical care and monetary damages in the amount of \$500,000.

Date: 5/18/05

Signature: John Q. Inmate

(IF YOU DID NOT RECEIVE A RESPONSE TO LEVEL 1 USE THIS FORMAT (

Level 2 Grievance
To: Deputy Director, Department of Corrections

From: Inmate, John Q. DCDC#: 601-999 Cell/Block No.: SW1 #12 Institution: CDF

Part A - Reason for Appeal: I have attached a copy of the Level 1 grievance that I filed on 5/18/05. I did not receive a response within 21 days. I am now exercising my right to grieve to the next level.

On 5/3/05 at 3pm Fighting Fred jumped on my stomach and kicked me in the head, broke two ribs and put a gash in my head. Corporal Joe Guard watched and did nothing. Medical did not see me for 3 days. I have terrible pain in my stomach and unbearable headaches. I am placing this form in the grievance mailbox on my unit on 6/10/05.

Remedy Sought: I am seeking adequate medical care and monetary damages in the amount of \$500,000.

Date: 6/10/05

Signature: John Q. Inmate

↓ IF YOU RECEIVED A RESPONSE TO LEVEL 1, BUT DISAGREE, USE THIS FORMAT ↓

Level 2 Grievance
To: Deputy Director, Department of Corrections

From: Inmate, John Q. DCDC#: 601-999 Cell/Block No.: SW1 #12 Institution: CDF

Part A - Reason for Appeal: I disagree with the decision at Level 1 that I filed on 5/18/05 and I am filing an appeal to Level 2.

On 5/3/05 at 3pm Fighting Fred jumped on my stomach and kicked me in the head, broke two ribs and put a gash in my head. Corporal Joe Guard watched and did nothing. Medical did not see me for 3 days. I have terrible pain in my stomach and unbearable headaches. I am placing this form in the grievance mailbox on my unit on 6/10/05.

Remedy Sought: I am seeking adequate medical care and monetary damages in the amount of \$500,000.

Date: 6/10/05

Signature: John Q. Inmate

↓ IF YOU DID NOT RECEIVE A RESPONSE TO LEVEL 2 USE THIS FORMAT ↓

Level 3 Grievance, Final Appeal
To: Director of Department of Corrections

From: Inmate, John Q. DCDC#: 601-999 Cell/Block No.: SW1 #12 Institution: CDF

Part A - Reason for Appeal: *I have attached a copy of the Level 2 grievance that I filed 6/10/05 and the Level 1 grievance that I filed on 5/18/05. I did not receive a response within 21 days. I am now exercising my right to grieve to the next level."*

On 5/3/05 at 3pm Fighting Fred jumped on my stomach and kicked me in the head, broke two ribs and put a gash in my head. Corporal Joe Guard watched and did nothing. Medical did not see me for 3 days. I have terrible pain in my stomach and unbearable headaches. I am placing this form in the grievance mailbox on my unit on 7/3/05.

Remedy Sought: *I am seeking adequate medical care and monetary damages in the amount of \$500,000.*

Date: 7/3/05

Signature: John Q. Inmate

↓ IF YOU RECEIVED A RESPONSE TO LEVEL 2, BUT DISAGREE, USE THIS FORMAT ↓

Level 3 Grievance, Final Appeal
To: Director of Department of Corrections

From: Inmate, John Q. DCDC#: 601-999 Cell/Block No.: SW1 #12 Institution: CDF

Part A - Reason for Appeal: *I disagree with the decision at Level 2 that I filed on 6/10/05 and the Level 1 grievance that I filed on 5/18/05. I am now filing an appeal to Level 3 under D.O. 4030.1D."*

On 5/3/05 at 3pm Fighting Fred jumped on my stomach and kicked me in the head, broke two ribs and put a gash in my head. Corporal Joe Guard watched and did nothing. Medical did not see me for 3 days. I have terrible pain in my stomach and unbearable headaches. I am placing this form in the grievance mailbox on my unit on 7/3/05.

Remedy Sought: *I am seeking adequate medical care and monetary damages in the amount of \$500,000.*

Date: 7/3/05

Signature: John Q. Inmate

Letter of Intent

June 4th, 2005

Anthony A. Williams
Mayor, District of Columbia
Office of Risk Management
441 4th Street, NW
Suite 800 South
Washington, DC 20001

Notice is hereby given pursuant to 12-309, D.C. Code to the Honorable Anthony Williams, Mayor of the District of Columbia at this address, 441 Fourth Street, N.W. of the intent to file a Civil Action.

BRIEF STATEMENT OF WHAT HAPPENED:

I was assaulted by Fighting Fred while in the Day Room of North-1.

This happened at about 3pm on 5/3/05.

He jumped on my stomach and kicked me in the head, breaking two of my ribs and causing my head to bleed.

Corporal Joe Guard watched and did nothing. Medical did not see me for 3 days.

I put in 4 sick call requests, but never received a response.

I have terrible pain in my stomach and unbearable headaches.

Respectfully Submitted,

John Q. Inmate

6/4/05

You must include the following in your Letter of Intent:

- 1. What Happened? Give as much detail as possible.** Assaulted, No Medical Care.
- 2. Who caused your injuries? Name everybody involved.** Guards, Doctors, Inmates.
- 3. The Date and Time of your injury, as best you can remember.**
- 4. Where?** In your cell at_____, in the shower, in the law library, in R and D, in the yard
- 5. How were you injured?** Broken Arm, property stolen, didn't receive medication.
- 6. Effects of Injuries?** Repeated Vomiting, can't breathe, can't walk.
- 7. Circumstances?** It was dark, the floor was slippery, the doctor ignored what I told him

2005

January 2005

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May 2005

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June 2005

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July 2005

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August 2005

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September 2005

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October 2005

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November 2005

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December 2005

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