

**SIXTH JUDICIAL DISTRICT
DEPARTMENT OF CORRECTIONAL SERVICES
OFFENDER GRIEVANCE PROCESS – ANCHOR**

Clients referred to the Department of Correctional Services ANCHOR Center Substance Abuse Evaluation Program have the right to file a written statement if they believe they have been treated unfairly by Department staff. The offender may use this process without fear of prejudicing their treatment. Grievances are considered an administrative process; attorneys are therefore precluded. The responder may request and/or designate another Department staff to assist those offenders who cannot understand the issues or who otherwise cannot represent themselves.

PROCEDURE: The following is the procedure for filing a grievance:

Step 1 - A written grievance is presented to any Department staff within thirty (30) working days of the incident upon which the grievance is based or knowledge thereof.

Step 2 - Staff who receives the grievance routes it to the immediate supervisor of the supervising staff member.

Step 3 - Within ten (10) working days of receipt, the supervisor makes a decision to the corrective action sought and provides a written response to the client, except as noted below. The response includes instructions explaining how the client may re-file/appeal the grievance if not satisfied with the response.

Step 4 - The offender may re-file/appeal the grievance to the Clinical Services Manager in writing within five (5) days of notification of the decision at the previous step. The Clinical Services Director responds in writing within ten (10) working days except as noted below.

Step 5 - The offender may again re-file/appeal the grievance to the District Director in writing within five (5) days of notification of the decision at the previous step. The District Director responds in writing within ten (10) working days except as noted below.

If the responder is not able to address the offender's concerns within the established time frames (administrative conflicts, additional time required for investigation, etc.), these reasons are noted, as well as a time frame for when the response will be forthcoming, in writing and provided to the offender within ten (10) working days of receipt of the grievance.

If the offender fails to file the grievance within established time limits the process is terminated and the Department assumes the grievant is satisfied with the last response. If Department responders fail to respond to the client within established time frames the corrective action sought by client is considered denied and the client may proceed immediately to the next step.

Conditions imposed by Department staff, which are the subject of the grievance, are maintained during the grievance process.

Concurrently, or after exhausting the Department grievance procedure, the offenders may contact the office of the Ombudsman (Citizens Aid), State Capitol, Des Moines, IA 50319, (515-281-3592).

I HAVE READ AND/OR HAVE HAD READ TO ME THIS OFFENDER GRIEVANCE PROCESS AND DO UNDERSTAND WHAT IT SAYS AND WHAT IT MEANS. I CERTIFY THAT I HAVE RECEIVED A COPY OF THIS DOCUMENT.

SIGNED _____
Offender

DATE _____

SIGNED _____
Department Staff

DATE _____

OFFENDER GRIEVANCE

Offender: _____ Date of Action Being Grieved: _____

Incident Being Grieved:

Corrective Action Sought:

For Public Information Only

Offender's Signature

Date

Staff Member Receiving Grievance

Date Grievance Received