



INTERNAL MANAGEMENT POLICY & PROCEDURE	SECTION NUMBER 11-122	PAGE NUMBER 1 of 6
	CHAPTER & SUBJECT: DECISION MAKING: Documentation of Offender Grievance Procedure	
Approved By:  Teresa Williams, Acting Commissioner		Original Date Issued: 05/31/00
		Current Amendment Effective: 02/28/13
		Replaces Amendment Issued: 04/08/05

POLICY

In order to ensure documentation of fair and consistent grievance practices that provide timely, administrative remedies to offender complaints that might otherwise unnecessarily burden the courts, maintain order in the Kansas juvenile correctional facilities, and permit juvenile offenders to pursue good faith grievances without fear of reprisal, the procedures contained in this IMPP shall be followed by all Kansas juvenile correctional facilities. The attached forms shall be used to process all grievances throughout the Juvenile Justice Authority.

DEFINITIONS

None.

PROCEDURES

- I. The listed documents shall be utilized in processing juvenile offender grievances and offender requests for staff assistance in compliance with K.A.R. 123-15-101, *et seq.*, Offender Grievance System, as follows:**
- A. Offender Request to Staff Member, Attachment A, Form #11-122-001.
 - B. Offender Grievance Form, Attachment B, Form #11-122-002.
 - C. Grievance Appeal to the Commissioner, Attachment C, Form #11-122-003.
 - D. Complaint Code, Attachment D.

REPORTS REQUIRED

None.

REFERENCES

K.A.R. 123-15-101, *et seq.*
JCF: 4-JCF-3A-06

ATTACHMENTS

- Attachment A: Offender Request to Staff Member Form #11-122-001, 1 Page.
- Attachment B: Offender Grievance Form, #11-122-002, 1 Page.
- Attachment C: Grievance Appeal to Commissioner, Form, #11-122-003, 1 Page.
- Attachment D: Complaint Code, 1 Page.

**KANSAS JUVENILE JUSTICE AUTHORITY
OFFENDER REQUEST TO STAFF MEMBER**

To: _____ From: _____
(Name and Title of Officer or Department)

Date: _____ Living Unit Assignment: _____

State completely, but briefly, the problem on which you desire assistance. Be specific.

Received: _____ Date: _____
(Employee Name Printed)

(Copy to be Provided to Offender)

STAFF MEMBER RESPONSE TO OFFENDER REQUEST

To: _____
(Offender Name and Number)

Disposition: _____

(Copy to be Provided to Offender-Copy to be Retained for Grievance File)

Employee Name Printed Date: _____

Employee's Signature

**KANSAS JUVENILE JUSTICE AUTHORITY
OFFENDER GRIEVANCE FORM**

Offender's name _____ Number _____

Facility _____ Living Unit _____

NATURE OF COMPLAINT. BE SPECIFIC. (Include names, dates, places, rules, regulations, etc.; how you have been affected and actions you believe should be taken.) Use additional paper if necessary.
(ATTACH COMPLETED INFORMAL RESOLUTION FORM)

PROGRAM TEAM RESPONSE. (To be completed and returned to offender within 10 calendar days.)

_____/_____/_____
Program Team Member Signature Date

OFFENDER RESPONSE. (To be completed and returned to Program Team within 3 calendar days.)

____ I am satisfied with the Program Team response and wish to withdraw the grievance.

____ I am not satisfied with the Program Team response and wish to forward the grievance to the Superintendent.

_____/_____/_____
Offender's Signature Date Date forwarded by Program Team ____/____/____
Date Date

SUPERINTENDENT'S RESPONSE. (To be completed and returned to offender within 10 calendar days.)

Date Received ____/____/____ Date of Final Answer ____/____/____ Date returned to Offender ____/____/____

_____/_____/_____
Superintendent/Designee Signature Date

I received the Superintendent's response on the below date:

_____/_____/_____
Offender's Signature Date Program Team Member Signature Date

Offender may appeal Superintendent's response to the Commissioner within 3 calendar days of receiving the response.

Grievance Serial No. _____ Type _____ Cause _____ Response _____

**KANSAS JUVENILE JUSTICE AUTHORITY
COMPLAINT CODE**

<u>Item #1 - TYPE OF COMPLAINT</u>			
CODE	COMPLAINT TYPE	CODE	COMPLAINT TYPE
01	Food	15	Offender Searches
02	Medical Service	16	Housing Assignment
03	Legal Assistance	17	Disciplinary Procedure
04	Record Keeping	18	Administrative Seg. Procedure
05	Visiting	19	Property Claim Procedure
06	Physical Facility or Environment	20	Grievance Process
07	Mail Service	21	Daily Routine
08	Religious Beliefs	22	Offender Programs
09	Accounting	23	Reserved
10	Library Service	24	Counseling and MH services
11	Canteen Service	25	Custody Status
12	JJA Issued Clothing	26	Reserved
13	Physical Threat by Offender	27	Transfer In or Out of KS
14	Physical Threat by Staff		
<u>Item # 2 - CAUSE OF COMPLAINT</u>			
01	Correctional Officer		
02	Employee Supervising an Institutional Detail		
03	Program Team Staff		
04	Other Program Staff		
05	Administrative Staff		
06	Another Offender		
07	Civilian Employee		
<u>Item # 3 - TYPE OF RESPONSE</u>			
01	Remedy Denied		
02	Remedy Granted		
03	Invalid Complaint		
04	Complaint Withdrawn		



EMPLOYEE STATEMENT OF RECEIPT AND ACKNOWLEDGMENT OF IMPP OR FACILITY ORDER

SUBJECT:

IMPP NUMBER:

KJCC FACILITY ORDER NUMBER:

LJCF FACILITY ORDER NUMBER:

TITLE:

EFFECTIVE DATE:

I have received one (1) electronic copy of the IMPP or Facility Order as titled above. I acknowledge that I have read and have had the opportunity to ask questions about the policy or Facility Order. I further acknowledge that I understand and agree to comply with the policy or Facility Order.

NAME (Please Print)

SIGNATURE

DATE