POLICY STATEMENT

A system is provided that allows offenders to grieve a policy, condition, procedure or decision that they believe to be unfair or inappropriate. Offenders are informed of the procedure at or before the time of initial interview. (4-APPFS-2G-02)

Informal action is the first step in resolving a complaint and should be attempted before moving to the formal grievance procedure. A response shall always be provided to the grieving party. All grievances and responses shall be documented.

Administrative staff shall review the quantity and nature of offender grievances annually, identify any problem areas and take any corrective action necessary. (4-APPFS-2G-02)

DEFINITIONS

Grievance: A specific complaint that states who or what the subject of the complaint is, includes related dates, details, and the effect that the situation or problem is having on the person that makes the complaint necessary.

PROCEDURES

I. Notification and Assistance

A. Offenders shall be advised of the grievance process that is available to them as part of the intake interview, and through the Supervision Handbook.

B. Released offender grievance forms shall be made available in the lobby of all parole offices or in the parole office area if there is not a lobby.

C. Offenders who request additional information or assistance regarding the grievance procedure shall be provided an appropriate level of assistance by parole staff. Assistance may include making copies of documents, providing supporting documents, or providing assistance in the completion of the grievance form if the offender is unable to complete it on his/her own.

II. Grievance Procedures

A. The first step in resolving any concern or grievance is for the offender to attempt to address the matter informally through discussion with the person(s) involved in the situation. If this effort does not resolve the matter to the offender’s satisfaction, he/she may complete and submit a Released Offender Grievance Form to request a formal review of the matter.
B. In level 1 of the grievance process, the offender must provide the Released Offender Grievance Form and any supporting documentation to the Parole Officer within 15 business days of the discovery of the event which resulted in the grievance.

C. If the matter is not resolved in a manner that is acceptable for the offender, he/she can proceed to level 2 of the grievance process by providing the grievance form and any supporting documentation to the Parole Director within three (3) calendar days.

D. If the response from the Parole Director or designee is not acceptable to the offender, he/she may initiate level 3 of the grievance process by submitting the grievance form and any supporting documentation to the Office of the Secretary of Corrections. The submission must occur within three (3) calendar days of receiving the response from the Parole Director.

E. If a situation is deemed an emergency and cannot be resolved at the Parole Officer level, the offender may go directly to the formal grievance procedure.

F. If an offender is determined to be abusing the grievance system, notification and sanctions may be applied in accordance with K.A.R. 44-15-102

III. Responses and Time Frames

A. Upon becoming aware of a grievance, the staff person responsible for responding shall review the situation and investigate the facts and circumstances of the situation.

B. All responses to formal grievances shall be made in writing and provided to the grieving party.

C. Responses to grievances shall be made in as short a time frame as is possible.

   1. Level 1 grievance responses shall be made within 10 working days of receiving the grievance.

   2. Level 2 grievance responses shall be made within 10 working days of receiving the grievance.

   3. Level 3 grievance responses shall be made within 20 working days of receiving the grievance.

D. Extensions to the designated time frames for grievance responses are allowed if agreed upon in writing by the offender and the person responding to the grievance.

E. If a grievance response is not made in the required time frame, the offender may move to the next step in the grievance process.

III. Administrative Review

A. Each parole director shall be responsible for implementing a system that ensures that grievances are responded to in accordance with IMPP.

B. Each Parole Region shall track all formal grievances received and maintain related documentation and responses.

C. On an annual basis, Parole Directors or designee are responsible to review the quantity and general nature of grievances that have been received. Attention should be given to any trends or items that indicate a need for corrective action.

NOTE: The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various
accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

None.

**REFERENCES**

K.A.R. 44-15-101
4-APPFS-2G-02

**ATTACHMENTS**

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<th>Attachment</th>
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<tr>
<td>A</td>
<td>Released Offenders Grievance Form</td>
<td>1 page</td>
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RELEASED OFFENDER GRIEVANCE FORM
Submit completed form to the Regional Parole Director or designee if the issue cannot be informally resolved with the Parole Officer or Parole Supervisor.

OFENDER’S COMPLAINT:

Date of Grievance: __________________    Grievance Number: __________________
(Number to be assigned and entered by Parole staff)

Offender’s Name and Number: _________________________________________________________________

Parole Office and Officer: ______________________________________________________________________

Nature of Complaint: (Be specific. Include names, dates, places, rules, regulations, policies, etc., how you were affected, and action or resolution you believe should be taken. Use additional paper if necessary. Attach copies of documents or correspondence used in attempting to informally resolve this complaint with your Parole Officer or Parole Supervisor).

“I have sought assistance from my parole officer or parole supervisor before filing this grievance.”

Below, show the name(s) and signature(s) of the parole officer or parole supervisor who you have approached in trying to resolve this grievance informally before going to the Regional Parole Director.

Parole Officer (or Parole Supervisor) Name: __________________________________________
Signature of Parole Officer (or Parole Supervisor): ______________________________________
Date issue brought to Parole Officer’s attention: ______________________________________

Describe the steps taken to resolve the grievance informally. (Be specific, including names, dates, places, and the outcome of this informal resolution process). Use additional paper if necessary.

Signature of Offender: ______________________________________________________________
Date: ___________________________________________________________________________
Date Submitted to the Regional Parole Director (to be filled in by Offender): ________________

RESPONSE- REGIONAL PAROLE DIRECTOR (or designee), to be completed/returned within 10 calendar days, additional paper to be attached

Date Received: __________________    Date of Response: __________________

Findings of Fact:

Conclusions Made:

Action Taken:

Signature: ____________________________    Date Returned to Offender: _____________

If dissatisfied with the response from the Regional Parole Director or designee, the Offender may appeal it to the Secretary of Corrections within three (3) days of receipt of this decision.