NUMBER: OGOM 2.09 Step 2 Medical Grievances
DATE: SEPTEMBER 2014
PAGE: 1 of 2

SUBJECT: Step 2 Medical Grievances

PURPOSE: To establish procedures and guidelines for processing Step 2 medical grievances.

PROCEDURES:
Medical grievances are identified as emergency, or regular at the step 1 level, based on the nature of the complaint. A non-emergency medical grievance regarding quality of care, treatment received, or specific medical programs shall be processed as a medical grievance, subject to all screening criteria. Medical grievances are received, reviewed, coded, entered and closed in the **GR00** Case Tracking System the same as all grievances.

I. CGO Medical Grievance Process

A. CGO staff shall enter the grievance in GR00 Screens 10 and 11 and print screen 11.

B. CGO staff shall attach the printed screen 11 as a cover sheet and forward all original step 2 grievances and investigative documentation to the Health Services Division to conduct an appellate review.

II. Step 2 Health Services Investigator

A. The Health Service investigator shall determine whether the grievance shall be processed as an emergency or regular grievance.

B. A Health Services supervisor shall contact the administrator of Offender Grievance or designee if an issue code change is needed. CGO staff shall update the grievance by entering data in GR00 Screen 15 and adding a note in the comment section regarding the reason for the change.

C. The Health Service investigator shall apply all applicable screening criteria for grievances that do not qualify for processing and return them to the CGO.

D. The Health Service investigator shall conduct the appellate review and attach additional investigative documentation as needed.

E. The Health Service investigator shall document the findings, prepare a suggested response, and sign the OG-01 worksheet.

F. The Health Service investigator shall enter data in GR00 Screen 12 and Screen 13 when sending the grievance to acquire approval of the response and date on the completed Step 2 grievance. Health services shall utilize a stamp in place of a signature.

G. The Health Service investigator shall type a response on the **original** Step 2 grievance, return the answered and signed Step 2 grievance and all investigative documentation to CGO staff within 45 days.

H. A Health Services supervisor shall contact the administrator for Offender Grievance or designee if additional time is needed to conduct an investigation, a written request for an extension may be forwarded to the administrator for Offender Grievance, or designee requesting an extension. The request shall include the grievance number, the offender name, TDCJ number, and the original due date.

I. An additional 45 days may be granted for regular medical grievances.

J. Emergency medical grievances, issue code 003, are not eligible for an extension.

III. Returned Answered and Approved Step 2 Medical Grievances

A. CGO staff shall enter data in GR00 Screen 14.

B. The step 2 grievance and all investigative documentation are imaged and filed using a computer imaging system.

C. CGO staff shall ensure the Step 2 grievance is closed and the appropriate outcome and resolution codes are entered in the GR00 Screen 16.

D. CGO staff shall fold completed step 2 grievances being returned to offenders in a manner that the response and grievance text are not visible; then tape the grievance closed.

E. The folded grievances will be sorted by unit after checking the mainframe for current housing, placed in a large truck mail envelope and addressed to the unit grievance staff at the offender's current unit of assignment.

F. The UGI shall receive the completed Step 2 grievances and place a date stamp in the upper right hand corner, above the OFFICE USE ONLY box, indicating the date the Step 2 was returned to the offender. The corresponding date of return shall be entered in GR00 Screen 09, Option 02 Step 2 "Returned to the Offender." This is important for attorneys defending the agency during litigation.

NUMBER: OGOM 2.10 Final Step 2 Grievance Process
DATE: SEPTEMBER 2014
PAGE: 1 of 1

SUBJECT: Final Step 2 Grievance Process

PURPOSE: To establish procedures and guidelines for final processing Step 2 grievances.

PROCEDURES:
The Central Grievance Office (CGO) staff is responsible for ensuring all Step 2 grievances are investigated and responded to, signed, closed in the GR00 and imaged.

I. Final Processing

A. The step 2 grievance and all investigative documentation are imaged and filed using a computer imaging system.

B. CGO staff shall ensure the step 2 grievance is closed with the appropriate outcome code.

C. CGO staff shall fold completed step 2 grievances returned to offenders in a manner that the response and grievance text are not visible, then tape the grievance closed.

D. The folded grievances shall be sorted by unit after checking the mainframe for current housing, placed in a large truck mail envelope and addressed to the unit grievance staff at the offender's current unit of assignment.

E. The unit grievance staff shall place a date stamp in the upper right hand corner above the OFFICE USE ONLY box for completed step 2 grievances received at the unit. This will indicate the date the step 2 was returned to the offender. The corresponding date of return will be entered into GR00 Screen 09; Option 02, Step 2 returned to the Offender.

F. The folded grievances shall be delivered to the unit mailroom for distribution to the offenders.

G. If an offender has discharged from TDCJ, the completed grievance will be maintained in the offender's inactive grievance file. If the offender provided a forwarding address to the UGI, then the grievance may be mailed to the address provided.

NUMBER: OGOM 2.10 Final Step 2 Grievance Process
DATE: SEPTEMBER 2014
PAGE: 1 of 1

SUBJECT: Final Step 2 Grievance Process

PURPOSE: To establish procedures and guidelines for final processing Step 2 grievances.

PROCEDURES:
The Central Grievance Office (CGO) staff is responsible for ensuring all Step 2 grievances are investigated and responded to, signed, closed in the GR00 and imaged.

I. Final Processing

A. The step 2 grievance and all investigative documentation are imaged and filed using a computer imaging system.

B. CGO staff shall ensure the step 2 grievance is closed with the appropriate outcome code.

C. CGO staff shall fold completed step 2 grievances returned to offenders in a manner that the response and grievance text are not visible, then tape the grievance closed.

D. The folded grievances shall be sorted by unit after checking the mainframe for current housing, placed in a large truck mail envelope and addressed to the unit grievance staff at the offender's current unit of assignment.

E. The unit grievance staff shall place a date stamp in the upper right hand corner above the OFFICE USE ONLY box for completed step 2 grievances received at the unit. This will indicate the date the step 2 was returned to the offender. The corresponding date of return will be entered into GR00 Screen 09; Option 02, Step 2 returned to the Offender.

F. The folded grievances shall be delivered to the unit mailroom for distribution to the offenders.

G. If an offender has discharged from TDCJ, the completed grievance will be maintained in the offender's inactive grievance file. If the offender provided a forwarding address to the UGI, then the grievance may be mailed to the address provided.

NUMBER: OGOM 3.00 Grievance Codes
DATE: SEPTEMBER, 2014
PAGE: 1 of 2

SUBJECT: Grievance Codes

PURPOSE: To establish procedures and guidelines for using issue, outcome and resolution codes for Step 1 grievances

PROCEDURES:
Three code types are used to process grievance investigations: ***Issue Codes, Outcome Codes, and Resolution Codes***. Each code is used at a specific stage in the grievance process.

I. Issue Codes (Appendix D)
An issue code is a numerical code assigned to a grievance that identifies the offender's issue.

A. Grievance staff shall assign only one issue code per grievance to all grievances. The issue code shall identify the issue presented and the action requested in the grievance.

B. For screened grievances, issue codes are assigned by identifying the broad subject category (100, 200, 300, 400, 500, 600, 700, 800 or 900) that best describes the grievance, followed by the numbers **"99".** For example, a grievance involving a staff complaint that is returned to an offender unprocessed would be coded 899. The **"8"** represents the broad category staff complaints and the **"99"** indicates that the grievance was screened and returned to the offender unprocessed.

II. Outcome Codes (Appendix E)
An outcome code is an alphabetic code assigned to a grievance that identifies an action taken to address an offender's issue.

A. Grievance staff shall assign an outcome code to all grievances. The outcome code shall identify the action taken to address the offender's issue or problem.

B. Outcome code **"C"** is only used when a grievance is lost and the offender is allowed to resubmit the grievance under a new grievance number. **This outcome code may only be entered into GR00 by the Administrator or Assistant Administrator of Offender Grievance.**

C. Outcome code **"D"** is to be used when the offender's claim is not substantiated the offender refused property settlements or the issues presented are a redundant.

D. Outcome code **"H"** is only used to identify screened or unprocessed Step 1 or Step 2 grievances.

E. Outcome code **"O"** is only used when a grievance is referred regarding staff use of slurs or hostile epithets.

F. Outcome code **"R"** is used in conjunction with resolution codes to describe what corrective action was taken or provided

G. Outcome code **"T"** is only used when the grievance has been referred to OIG based on the offender's allegation.

H. Outcome code **"U"** is only used when the issue presented relates to a documented use of force report.

III. Resolution codes (Appendix V)

A resolution code is a numeric code assigned to grievances that describes the specific action taken to address an offender's issues.

A. Unit investigators shall use resolution codes in conjunction with the outcome codes when closing grievances. A numeric resolution code shall always correspond with the alphabetic outcome code.

B. When determining the resolution code to use, review the outcome code, then select the resolution code that best describes the action taken to solve the offender's problem.

NUMBER: OGOM 4.00 Grievance Time Limits
DATE: SEPTEMBER 2014
PAGE: 1 of 2

SUBJECT: Grievance Time Limits

PURPOSE: To establish procedures and guidelines for grievance time limits.

PROCEDURES:
Grievance time limits are based on calendar days beginning with the day the grievance is received. All grievances shall be logged into the GR00 Case Tracking System on the same day they are received. Entries into the GR00 are made at each step of the grievance process in order to track their progress and to ensure that grievance time limits are met.

I. Step 1 (I-127) Grievance Time Limits

A. The offender must submit an I-127 grievance form within 15 days of the alleged incident or problem, or when he became aware of the incident or problem, or should have become aware of the incident or problem. UGIs shall accept grievances for review up to, and including the first working day beyond the 15 day time limit. The procedure shall be followed for screened grievance submissions also.

B. The unit grievance staff shall have up to 40 days from receipt of the I-127 to investigate, respond, obtain a signature, and return the grievance to the offender. Disciplinary appeals are required to be completed within 30-days. When grievance staff need more than the allocated time to complete an investigation, a written notification is provided to the offender stating that an extension is needed to process a grievance. Step 1 and Step 2 regular grievances are allowed a 40 day extension and medical grievances are allowed a 45-day extension. Emergency grievances are not eligible for extensions and shall be completed within the 40-day time limits.

C. Grievance staff is authorized only one extension per eligible grievance prior to the due date as needed to complete an investigation and may be applied to a grievance on or before the actual date the grievance is due. Unit grievance staff shall complete the Notice of Extension (Appendix M), forward the original form to the offender, and attach a copy to the grievance investigation. Emergency grievances are not eligible for time limit extensions. Due dates are automatically calculated in the GR00.

II. Step 2 (I-128) Grievance Time Limits

A. Any offender wanting to appeal the Step 1 response must submit an I-128 grievance form within 15 days from the date returned to the offender date listed in the office use only box on the Step 1. CGO staff shall accept grievances for review up to, and including the first working day beyond the 15 day time limit. The procedure shall be followed for processed and screened grievances.

B. Central Grievance Office (CGO), Regional Grievance Office, or the department head shall have 40 days from the date the I-128 form was received at the unit to review, investigate, respond, sign, and return the appeal to the offender.

C. Health Services staff shall respond to step 2 medical grievances within 45 days from the date the I-128 form was received at the unit to review, investigate, respond, sign and return the appeal to the offender. Emergency medical grievances shall be processed within the 45 day time limit and are not eligible for extensions as stipulated by the procedures in ***1.04 Emergency Grievances***.

D. Prior to the grievance due date, the Step 2 investigator shall complete the Notice of Extension (Appendix M), forward the original form to the offender and ensure a copy is attached to the grievance.

E. Proponent staff is responsible for sending an email notification prior to the original due date, to the administrator for Offender Grievance, or designee informing them that an extension is needed. The email should include the offender name, TDCJ number, grievance number and the original due date listed in the OFFICE USE ONLY box on the front of the form.

F. CGO clerical staff is responsible for all GR00 data entry regarding additional time needed to process a grievance, completing the ***Appendix M*** form, and forwarding the notice to the offender.

III. Monitoring Time Limits

A. The regional grievance supervisor monitors the compliance of established time limits and extensions for Step 1 grievances in order to identify and resolve systemic problems in processing.

B. The Administrator for Offender Grievance monitors the compliance of established time limits and extensions for Step 2 grievances in order to identify and resolve systemic problems in processing.

C. Every effort shall be made to ensure no less than 95% of all processed grievances are within established time limits.

NUMBER: OGOM 5.00 Translations
DATE: SEPTEMBER 2014
PAGE: 1 of 1

SUBJECT: Translations

PURPOSE: To establish procedures and guidelines for translating Step 1 and Step 2 grievances.

PROCEDURES:
Step 1 and Step 2 grievances written in any language other than English shall be translated to English in order to identify emergency concerns that require immediate attention and appropriate processing.

I. Translations

A. The translation shall be completed by an agency certified interpreter. A copy of the grievance narrative shall be provided to the certified interpreter in order to complete the translation. The translation shall not be paraphrased, even if the offender's comments are repetitive. The certified interpreter should be informed about grievance procedures, with respect to time limit requirements and confidentiality. The translation must include the certified interpreter's name, title and the date the translation was completed. Both documents are to be returned to the UGI. Upon receipt of the interpreted grievance, the grievance shall be processed according to procedures.

B. If no certified interpreter is available, the UGI is to contact the regional grievance supervisor for assistance.

C. A Step 2 grievance written in another language other than English must be translated prior to being mailed to the Central Grievance Office. If an emergency issue is identified in the grievance, the UGI shall proceed as directed in the grievance manual.

D. All translations shall be retained with the file copy and not returned to the offender, maintained in the offender's grievance file at Step 1 and imaged in the computer imaging system at Step 2.

Number: OGOM 6.00 Transportation Grievances
DATE: SEPTEMBER 2014
Page: 1 of 2

SUBJECT: Transportation Grievances

PURPOSE: To establish procedures and guidelines for processing Step 1 and Step 2 transportation grievances.

PROCEDURES:
Grievance staff shall collect, review, and screen grievances regarding offender transportation issues the same as any other regular grievance. Unit grievance staff shall obtain a chain roster in the unit count room to ensure the grievance is a transportation department grievance and not a transfer using unit staff to transport the offender. These guidelines apply to the Offender Transportation Headquarters Office, not the Manufacturing and Logistics Departments.

I. Step 1 Transportation Grievance

A. Unit grievance staff shall review the grievance for emergency allegations. If an emergency allegation is not identified, the grievance may be screened and returned to the offender unprocessed.

B. Unit grievance staff shall further scrutinize the grievance to identify whether the issue presented is related to offender personal property, or transportation operational issues, regarding the enforcement of policy or conflicts with staff during transport.

C. Unit grievance staff shall assign the grievance the appropriate issue code, and enter the data in the GR00 Case Tracking System the same as any other regular grievance.

D. Grievances assigned a 900 issue code shall be forwarded to Central Grievance Office via first class mail.

II. Step 2 Transportation Grievances

A. Upon receipt at CGO designated staff responsible for processing transportation grievances shall review the grievance to ensure the 900 issue code is correct. If the 900 issue code is incorrect, a CGO supervisor shall be immediately notified to determine the appropriate issue code to assign to the grievance. Staff shall update the issue code in the GR00 Screen 06 and contact Unit grievance staff regarding the issue code change. The original grievance is mailed back to unit grievance staff first class mail. A copy of the grievance is faxed to unit grievance staff so they may begin an investigation. The CGO maintains a copy of the grievance until the original is received at the unit.

B. CGO staff shall assign the grievance to the Transportation Headquarters Office by entering their investigator ID in GR00 Screen 02. Two copies of Screen 02 are printed, one is maintained at CGO for tracking, and the other is forwarded with the original Step 1 grievance to the designated Offender Transportation grievance investigator (OTGI).

C. The OTGI conducts the investigation, attach all investigative documentation, formulate a response to the offender, and acquire a signature from the Transportation Headquarters Office signature authority.

D. If an extension of the 40-day time limit is needed to complete the investigation, the OTGI shall send a written request for an extension to the CGO.

E. CGO clerical staff shall enter the extension in GR00 Screen 06 in the designated field, complete a Notice of Extension (Appendix M), make a copy of the form to attach to the grievance, and mail the original form to the offender.

F. Once the investigation is completed, the OTGI shall forward the original Step 1 grievance and all investigative documents to the CGO. The CGO staff shall update GR00 by entering the date received and sent in all "date fields," except the date closed. (The date will be the same).

G. CGO staff completes an inter-office communication (IOC) instructing the UGI to enter the closed date when the grievance is received at the unit, and to make a copy of the grievance for the offender's grievance file.

H. CGO staff shall forward the original Step 1 grievance and all investigative documentation to the unit grievance staff via first class mail. A copy of all documents are retained until the grievance is closed at the unit.

I. Unit grievance staff shall update GR00 date closed when the grievance is received from the CGO, and make a copy of the completed grievance for the offender's grievance file.

J. Unit grievance staff shall return the original Step 1 grievance with response and signature to the offender.

NUMBER: OGOM 7.00 Office of the Inspector General (OIG) Referrals
DATE: SEPTEMBER 2014 (Rev. 6/2016)
PAGE: 1 of 3

SUBJECT: Office of the Inspector General (OIG) Referrals

PURPOSE: To establish procedures and guidelines for processing Step 1 grievance for Office of the Inspector General referrals.

PROCEDURES:
Grievances alleging physical contact or assault by staff of an offender not reported through the use of force procedure (issue code 002), excessive or unnecessary use of force (issue codes 800/801/802), sexual assault, sexual contact or sexual harassment (issue codes 005/008/009/010/011/012/013), criminal acts by staff (issue code 803), harassment or retaliation for use of the grievance procedure and access to courts (issue codes 804/805) shall be given prompt attention and coordinated with the OIG. ***All grievances referred to OIG require the completion of an OIG Fact sheet and an entry made in GR00 Screen 25 for OIG Referral Tracking.***

****Issue codes 005, 010, 013, 804 and 805 will only be sent to OIG if there is evidence to support the allegations.***

I. OIG Referrals

A. Physical Contact or Assault by Staff of an Offender Not Reported With the Use of Force Procedure (002).

1. Grievance staff shall follow procedures in accordance with section 1.03 ***Emergency Grievances*** of this manual for grievances alleging physical contact or assault of an offender by staff not reported through the use of force procedure.

2. A ***Grievance Fact Sheet for OIG Investigations*** shall be completed in accordance with the procedures outlined in ***section II*** below.

B. PREA Allegations (005, 008, 009, 010, 011, 012, 013, 016, 017, 019).

1. PREA related allegations shall be processed in accordance with section 1.04 ***PREA Allegations Process*** of this manual.

2. A ***Grievance Fact Sheet for OIG Investigations*** shall be completed in accordance with the procedures outlined in ***section II*** below.

3. **Issue codes (005, 010 and 013) will only be referred to OIG if there is evidence to support the allegations.**

4. **Issue code 007 will only referred to OIG if there is a PREA related allegation.**

5. **Issue codes (016, 017, and 019) will be responded with OGOM 9.00, III (A) statement and referred to OIG.**

C. Documented Use of Force (UOF) Excessive or Unnecessary (800, 801, 802).

1. Grievance staff shall review the grievance to ensure the allegations describe a reported excessive or unnecessary use of force by staff (*Review definitions*). Determine whether the use of force was documented by contacting the unit's Use of Force coordinator and obtain the assigned number.

Grievances that do not describe a reported use of force that was excessive or unnecessary do not warrant any further action and shall be considered not grievable and may be screened for #8. Attach a copy of Appendix C.

2. Grievance staff shall assign one of the grievance codes (800, 801, or 802) and enter it into the GR00 Automated Tracking System and refer it to OIG.

3. A copy of the grievance shall be forwarded to the unit warden or his designee for review during the Employee Use of Force Fact Finding Inquiry. The warden may take additional action deemed necessary and direct the grievance staff to complete the step 1 grievance process.

4. The appropriate Appendix J shall be completed in accordance with procedures indicated by section II ***Grievance Fact Sheet for OIG Investigations*** below.

Issue codes 005, 010, 013, 804 and 805 will only be sent to OIG if there is evidence to support the allegations.

D. Criminal Activity by Staff (803)

1. Grievances alleging criminal acts by staff shall be coordinated with the unit warden and the Office of the Inspector General.

2. A copy of the I-127 grievance form shall be forwarded to the warden or designee for review.

3. Grievance staff shall complete an OIG Fact Sheet following the procedures listed in section ***II. Grievance Fact Sheet for OIG Investigations***.

E. Harassment or Retaliation for Exercising Access to Courts Rights or Use of the Grievance Procedure (804, 805).

1. Grievances that allege harassment or retaliation for exercising access to courts rights or use of the grievance procedure shall be identified and investigated in the same manner as any other staff complaint.

2. Investigations that **fail to reveal evidence** of harassment or retaliation for exercising access to courts rights or use of the grievance process shall be processed as a regular grievance and not referred to OIG.

3. Investigations that **reveal** evidence to support the allegations of harassment or retaliation for exercising access to courts or use of the grievance process shall be referred to OIG and processed in accordance with procedures listed in section ***II. Grievance Fact Sheet for OIG Investigations***.

II. Grievance Fact Sheet for OIG Investigations (Appendix J-1 or J-2)

A. Step 1 Procedures - Appendix J-1 (*Issue codes 005, 010, 013, 804, and 805 will only be sent to OIG if there is evidence to support the allegations.)*

1. Unit grievance staff shall complete sections I - II of the **Step 1 Grievance Fact Sheet for OIG Investigations (Appendix J-1)**, obtain additional documentation *(when necessary)*, attach a copy

of the grievance and forward to the regional grievance supervisor. Unit grievance staff shall then enter the fact sheet information into the GR00 25 OIG Referral Tracking screen.

2. The **Appendix J-1** and documents shall be forwarded by the regional grievance supervisor to a designated OIG staff member for processing. Regional grievance staff shall update the GR00 25 OIG Referral Tracking screen, review the OIG decision and return the fact sheet to the unit grievance staff.

3. Unit grievance staff shall review the OIG decision in section III of Appendix J-1 and formulate a response. The warden may take any additional action deemed appropriate and direct the grievance staff to complete the step 1 grievance process.

4. Forward the original I-127 grievance form and OG-01 worksheet with a suggested response to the warden or designee for review and signature.

5. Make a copy of the signed grievance and place the copy and all supporting documentation in the offender's grievance file.

6. Return only the original I-127 grievance form including response and warden's signature, to the offender. Any documentation submitted by the offender should also be returned.

7. Unit grievance staff shall make the final entry to the GR00, closing the grievance with the appropriate outcome and resolution codes.

B. Step 2 Procedures – Appendix J-2 (*Issue codes 005, 010, 013, 804, and 805 will only be sent to OIG if there is evidence to support the allegations.)*

1. Central grievance staff shall review step 2 grievances for new information and confirm that step 1 grievances was appropriately coded. Grievances inappropriately coded or with new information identified by the central grievance staff shall require an investigation at the unit level.

2. All step 1 grievance investigations require an Appendix J-1 and if not included with the investigation, central grievance staff shall request the unit grievance staff to forward as soon as possible.

3. Central grievance staff shall review the GR00 25 OIG Referral Tracking screen to ensure all entries are updated.

4. Central grievance staff shall complete sections I – II of the **Step 2 Grievance Fact Sheet for OIG Investigations (Appendix J-2)** and forward to the Regional OIG staff for review and investigation.

5. Central grievance staff shall review the OIG decision in section III of Appendix J-2 and formulate a response. The final entry shall be made to the GR00 25 OIG Referral Tracking screen and the grievance closed with an appropriate outcome and resolution code.

NUMBER: OGOM 8.00 Completing the E-Form
DATE: SEPTEMBER 2014
PAGE: 1 of 3

SUBJECT: **Completing the E-Form**

PURPOSE: **Instructions for Completing the Request for Disciplinary Case Correction E-Form.**

PROCEDURES:
Grievance staff shall follow instructions below when completing a request for a disciplinary case correction E-form.

I. Access the E-Form on the TDCJ mainframe, type EMS from the MENU, or from a clear screen. At the EMS SYSM Main Menu type 4.4 and press enter. Disciplinary Case Correction is the name of the e-form. Select the form by entering "S" under the Option column. The form will appear. Enter the necessary information as listed below.

1. **To**: Enter the name of the State Classification Committee member designated to review and process the corrections.

2. **From**: Enter the name, work title, and unit of the person completing the e-form.

3. **Date**: Enter the date the decision was made to correct the disciplinary case which is the date the appeal was granted.

4. **Offender:** Enter offender's last name, and first name.

5. **TDCJ No:** Enter the offender's number with zeroes (00) in front of it, if applicable.

6. **Disciplinary Report Number:** Enter the 9-digit number of the disciplinary case being corrected.

7. **Unit:** Enter the two-letter abbreviation for the unit where the hearing was held.

8. **Hearing Date:** Enter the date of the disciplinary hearing.

9. **Offense Date**: Enter the offense date.

10. **Hearing and Penalty Category**: Enter the two letter code of the disciplinary case: MA = major hearing with major punishment; MM = major hearing with minor punishment; MI = minor hearing; and MR = major reduced to minor. This information can be found on the UCR Screen 06 or DI00 Screen 05 under the LVL column.

11. **Grievance Number:** Enter the grievance number or ADMIN if the correction is not the result of a grievance appeal.

12. **Offense:** Enter the offense code and title of the offense listed on the disciplinary report. There may be more than one.

13. **Punishment:** Enter the punishment listed on the disciplinary report. At this point, you have to tab back to the Enter Command and type "D" to go to the next page.

14. **Recommendation:** Enter an "X" in front of one of the following, but NOT BOTH.

    a. **Delete:** This means the case will be removed from the offender's disciplinary computer records and the deletion will be posted on the State Classification Committee's offender files.

b. **Modify:** This means an offense or punishment will be changed. Enter the offense or punishment that the disciplinary report should list.

15. **Correction Request Authorized By**: Enter the name and title of the person requesting the correction. It must be one of the persons listed in Section IV of AD 04.35, "Review of Offender Disciplinary Actions."

16. **Reason for Correction:** Enter the reason why the correction is being requested. This will assist if a rehearing will be conducted and in preventing similar occurrences through training.

17. **Form Copy Distribution:** The copy distribution of the e-form will depend on the source of the correction request, and is outlined below. Locate the user ID numbers for the persons in each point of distribution prior to preparing the e-form. If the person does not have a User ID, make a copy of the e-form and forward to them.

    a. Press F3 to access the Routing Screen.

    b. Tab down until one space under the routing information, then tab one time.

    c. Enter the first User ID number and tab seven times. Type the next user ID number and continue until all ID numbers have been entered.

    d. When finished entering User ID numbers, press enter.

    e. Routing information errors that need correction will be highlighted.

    f. When routing information is correct, type send at the Enter Command.

    g. Message will be sent to those on the routing list.

II. The **e-form distribution** for a grievance appeal granted at **Step 1, or an independent administration review** initiated by the unit, is as follows:

1. Classification and Records Office (CRO) member or designee – Record copy.

2. UGI – Copy will be attached to the grievance in the offender's grievance file.

3. Unit counsel substitute supervisor.

4. Disciplinary hearing officer.

5. Chief of Unit Classification – Copy will be attached to the respective disciplinary case maintained in the offender's unit file in the Records Office.

6. Count room supervisor.

7. Regional grievance supervisor.

8. Regional counsel substitute supervisor.

9. Manager, Offender Grievance.

10. Administrator, Counsel Substitute Program.

11. Administrator, Disciplinary Coordination.

SUBJECT: Third Party Grievances

PURPOSE: To establish procedures and guidelines for processing Third Party grievances.

THIRD PARTY GRIEVANCE ISSUE CODES

- (016) Third party allegations of sexual abuse. (Abuse/assault/contact by offender)
- (017) Third party allegation of sexual abuse (Abuse/assault/contact by staff).
- (018) Alleged victim of third party complaint that does not wish to file a grievance.
- (019) Grievance filed by the alleged victim of the third party complaint.

PROCEDURES:
In response to the PREA standard 115.52, the Central Grievance Office has established procedures assigning issue codes for grievances involving sexual abuse related issues submitted by a third party on behalf of an offender.

I. Third Party Grievance Process

A. Notifications received from a fellow offender or a non-incarcerated third party (e.g. staff members, family members, attorneys, and outside advocates) relating to allegations of sexual abuse, sexual assault, or sexual contact shall be processed in accordance with the **Safe Prisons/PREA Compliance Plan** and **OGOM 1.04 PREA Allegations**.

B. Third party grievances shall be processed on behalf of an offender ***only*** for sexual abuse related complaints and shall not include sexual harassment (**010 and 013**) or voyeurism (**005**) complaints.

II. Third Party Grievance Coding

A. Unit grievance staff shall code third party grievances or administrative remedy requests as follows:

1. Review the initial complaint to identify specific issue presented and determine the appropriate issue code for processing:

- **016** ***Third party allegations of sexual abuse by another offender***
- **017** ***Third party allegations of sexual abuse by a staff member***

2. Interview the alleged victim identified in the complaint and provide an **Appendix-U** (Third Party Preliminary Investigation Form). Instruct the alleged victim to document the decision to agree or decline to have the request processed on his or her behalf on the Appendix U.

- **018** ***The alleged victim declines to file a grievance as a result of a third party complaint.***

a. Alleged offender victims who ***decline*** to have the request processed on their behalf shall require an entry in GR00 and assigned issue code 018 with the alleged victim's information. All 018 grievances shall be closed with outcome code "R" and the grievance number documented on the Appendix U form.

- **019** ***The alleged victim agrees to file a grievance as a result of a third party complaint***
  - ***Reminder, in addition to the 019 issue code, a secondary code will be used to identify the PREA allegation. This is the only time a secondary code will be used on a grievance.***

b. Alleged offender victims who ***agree*** to have the request processed on their behalf shall require an entry in GR00 and assigned issue code 019 with the alleged victim's information. All 019 grievances shall be closed with outcome code "T" and the grievance number documented on the Appendix U form.

3. Attach the **copy of the third party grievance or complaint** with the alleged victims completed grievance.

III. Third Party Grievance Responses

A. Grievances submitted by a fellow offender shall be closed with the outcome code "R", and the third party offender with the following response:

The unit administration has been notified of your third party sexual abuse complaint. The issue reported will be processed in accordance with agency policies and procedures. The outcome of any investigation or action taken will be kept confidential and not disclosed to the reporting party.

1. Make a copy the completed Appendix-U and place in the third party offender's grievance file.

B. The UGI shall attach submitted complaints by non-incarcerated third parties to the ***copy*** of the completed Appendix-U and file in the alleged victim's file.

1. Respond back to the third party using a designated correspondence form.

GRIEVANCE FORMS

1. **Instructions on How to Write and Submit Grievances (OG-02):** Detailed instructions are available to offenders in the Law Library, Orientation Handbook, and posted in prominent locations throughout the unit. The form is printed in English and Spanish. **(Appendix B)**
2. **Non-Grievable Issues Return Form:** Completed for grievances that are returned for certain non-grievable issues as identified on the form. The unit grievance investigator (UGI) will check the appropriate box, attach to the returned grievance, and return it to the grievance to the offender unprocessed. **(Appendix C)**
3. **Issue Codes Table of Contents & Issue Codes:** Listing of codes that identifies the subject of a grievance. **(Appendix D)**
4. **Outcome Codes:** Listing of codes that identify the outcome of a grievance investigation. **(Appendix E)**
5. **Step 1 Offender Grievance Form (I-127):** Formal complaint form completed by offenders when informal resolution does not resolve an issue. **(Appendix F)**
6. **Step 2 Offender Grievance Form (I-128):** Form completed by offenders when they are dissatisfied with the response on a Step 1 grievance. **(Appendix G)**
7. **Grievance Investigation Worksheet (OG-01):** Completed by the UGI as each section applies to the grievance being investigated. All investigative information shall be documented in the designated spaces provided on the form or attached to the form. **(Appendix H)**
8. **Emergency Checklist (OG-004):** Checklist is completed to determine if a matter presented in a grievance or correspondence should be processed as an emergency and given priority attention. **(Appendix I)**
9. **Fact Sheet for Step 1 OIG Investigation (OG-009):** Completed to facilitate basic fact-finding issues that warrant referral to the Office of Inspector General (OIG). This completed document and a copy of the grievance will be forwarded according to the current instructions found in Chapter VII, OGOM. **(Appendix J-1)**
10. **Fact Sheet for Step 2 OIG Investigation (OG-009):** Completed to facilitate basic fact-finding issues that warrant referral to the Office of Inspector General (OIG). This completed document and a copy of the grievance will be forwarded according to the current instructions found in Chapter VII, OGOM. **(Appendix J-2)**
11. **Disciplinary Worksheet and Document Checklist (OG-005):** Checklist is required for all offender disciplinary appeals. **(Appendix K)**
12. **Documents and Forms Required for Investigation of Medical Grievances Checklist:** Checklist is required for all medical grievances. **(Appendix L)**
13. **Notice of Extension (OG-007):** Complete this form when additional time is needed to complete an investigation. The original is forwarded to the offender and a copy attached to the file copy of the grievance being extended. **(Appendix M)**
14. **Property Settlement Agreement Form:** Completed when an offender is offered restitution for property items lost or damaged while in possession of TDCJ at the time its loss or damage. **(Appendix N)**
15. **Monetary Reimbursement Agreement Form:** Completed during the Step 2 process when resolution of lost or damaged property can only be made by depositing money into the offender's trust fund account. The UGI will receive an email with instructions from the Central Grievance Office when to complete the form. **(Appendix O)**
16. **AD-02.29 Attachment A, TDCJ Records Disposition Log:** The purging of grievance files is documented on this log and forwarded to the Executive Services Department. **(Appendix Q)**
17. **Staff Use of Slurs or Hostile Epithets Referral Form:** Allegations are referred to the appropriate agency authority when credible evidence exists. **(Appendix R)**
18. **New Grievance Employee Training Verification Form:** Completed for all new grievance staff within 30 days of selection; after graduation from the TDCJ Training Academy; or reports to the grievance office. **(Appendix S)**
19. **Offender Grievance Operations Manual Employee Verification Form:** To be completed annually by all grievance staff actively involved in processing grievances. **(Appendix T)**
20. **Third Party Preliminary Investigation:** Completed for sexual abuse, sexual assault or sexual act grievances submitted by a third party on behalf of an offender. **(Appendix U)**
21. **Resolution Codes:** List of codes that describes a specific action taken to address a grievance. **(Appendix V)**
22. **Restricted and Confidential:** Documentation that follows this sheet is restricted and confidential and should not be released without authorization of the Administrator of Offender Grievance. **(Appendix W)**

Texas Department of Criminal Justice

INSTRUCTIONS ON HOW TO WRITE AND SUBMIT GRIEVANCES

1. ***Grievance forms are available from the law library, housing area, shift supervisors, or by contacting the unit grievance office.*** After completely filling out the form, place it in the grievance box yourself or hand it directly to the grievance investigator on your unit. *Step 2 appeals must be accompanied by the original, answered Step 1.*

2. An attempt to informally resolve your problem must be made before filing a grievance. ***Informal resolution*** is defined as any attempt to solve the issue at hand and must be noted on the Step 1 grievance form (I-127). You have 15 days from the date of the alleged incident or occurrence of the issue presented in which to complete the Step 1 grievance form and forward it to the unit grievance investigator (UGI). The Step 1 process may take up to 40 days from the date the unit grievance office receives the Step 1 form to respond. Disciplinary appeals are required to be completed within 30-days. If you are not satisfied with the Step 1 response, you may appeal the Step 1 decision by filing a Step 2 (I-128). You have 15 days from the date returned to offender on the Step I to submit the Step 2 to the grievance investigator on the unit. The Step 2 process may take up to 40 days to provide you a written response or 45 days for medical grievances. ***Present only one issue per grievance.***

3. ***Additional time*** may be required in order to conduct an investigation at either Step 1 or Step 2 and in either case; you will be ***notified of the extension in writing***.

4. ***Complete your grievance using a typewriter or dark ink. If you need assistance filing a grievance or understanding a response, contact your unit grievance investigator.***

5. ***The following issues are grievable through the Offender Grievance Procedure.*** Remember that you may only file a grievance on issues that PERSONALLY APPLY TO YOU unless you are reporting a sexual assault, sexual abuse, or sexual contact on behalf of another offender.
   * The interpretation or application of TDCJ policies, rules, regulations, and procedures.
   * The actions of an employee or another offender, including denial of access to the grievance procedure.
   * Any reprisal against you for the good faith use of the grievance procedure or Access to Courts;
   * The loss or damage of authorized offender property possessed by persons in the physical custody of the Agency, for which the Agency or its employees, through negligence, are the proximate cause of any damage or loss.
   * Matters relating to conditions of care or supervision within the authority of the TDCJ, for which a remedy is available.

6. ***You may not grieve***:
   * State or federal court decisions, laws and/or regulations;
   * Parole decisions;
   * Time-served credit disputes which should be directed to the Classification and Records, Time Section;
   * Matters for which other appeal mechanisms exist;
   * Any matter beyond the control of the agency to correct.

7. ***Established criteria that may be applied to regular grievances, to ensure that the offender has used the grievance program responsibly***; however, most grievances may be corrected and resubmitted within 15 days from the signature date on the returned grievance.
   * Grievable time period has expired. (Step 1 grievances must be submitted within 15 days from the date of incident and Step 2 Appeals must be submitted within 15 days from the date returned to offender on the Step 1.)
   * Submission in excess of 1 every 7 days. (All grievances received in the grievance office will be reviewed; however, only one grievance will be processed every Seven days [with the exception of disciplinary appeals, medical grievances, and emergency grievances].)
   * Originals not submitted. (Carbon copies are not considered originals even if they have an original signature. The original answered Step 1 must be submitted with a Step 2 Appeal.)
   * Inappropriate/excessive attachments. (Your grievance must be stated on one form and in the space provided. Attach only official documents that support your claim, such as I-60's, sick call requests, property papers, and other similar items)
   * No documented attempt at informal resolution. (You are required to attempt to resolve issues with a staff member prior to filing a grievance. Remember, the attempt must be documented in the space provided on the I-127 form.)
   * No requested relief is stated. (The specific action required to resolve the complaint must be clearly stated in the space provided.)
   * Malicious use of vulgar, indecent, or physically threatening language directed at an individual.
   * The issue presented is not grievable. (Refer to #6 above.) **Disciplinary appeals will not be processed until after the disciplinary hearing.**
   * Redundant. (You may not repeatedly grieve matters already addressed in a previous grievance)
   * The text is illegible/incomprehensible. (Write your grievance so that it can be read and understood by anyone.)
   * Inappropriate. (You may not ask for monetary damages or any form of disciplinary action against staff.)

Do not use a grievance form to comment on the effectiveness and credibility of the grievance procedure; instead, submit a letter or I-60 to the administrator of the Offender Grievance Program.

Departamento de Justicia Criminal de Texas

INSTRUCCIONES EN COMO ESCRIBIR Y ENVIAR QUEJAS

1. ***Las formas para Quejas están disponibles en la biblioteca de ley, área de vivienda, supervisores o contactando la oficina de quejas de la unidad.*** Después de llenar completamente la forma, colóquela usted mismo en la caja de quejas o entréguela directamente al investigador de quejas en su unidad. *Las apelaciones en el Paso 2 deben estar acompañadas por el original, respuesta del Paso 1.*
2. Primero debe de tratar de resolver su problema informalmente antes de presentar su queja. ***Resolución Informal*** se define como cualquier intento por resolver el problema a la mano y debe anotarlo en la queja Paso 1 forma (I-127). Usted tiene 15 días de la fecha del incidente o de cuando ocurrió el problema presentado para completar la queja Paso 1 y enviarla al investigador de quejas de la unidad (UGI). El proceso de Paso 1 puede tomar hasta 40 días desde la fecha que la oficina de quejas de la unidad recibe la forma Paso 1 para responder. Si usted no esta satisfecho con la respuesta del Paso 1, usted puede apelar la decisión del Paso 1 llenando un Paso 2 (I-128). Usted tiene 15 días desde la fecha volvió a ofender en el Paso 1 para presentar el Paso 2 al investigador de quejas de la unidad. El proceso Paso 2 puede tomar hasta 35 días para darle una respuesta escrita o 45 días por quejas médicas. ***Presente solamente un asunto por queja.***
3. ***Tiempo adicional*** se puede requerir para efectuar una investigación ya sea del Paso 1 o Paso 2 y en cualquier caso; usted será ***notificado de la extensión por escrito.***
4. ***Llene su queja usando una máquina de escribir o tinta negra. Si usted necesita ayuda para llenar una queja o entendiendo una respuesta, comuníquese con el investigador de quejas de su unidad.***
5. ***Los siguientes asuntos son tratados a través del Proceso de Quejas del Ofensor.*** Recuerde que usted puede solamente presentar quejas en asuntos que APLICAN PERSONALMENTE A USTED a menos que usted esté reportando un asalto sexual, abuso sexual, o contacto sexual en nombre de otro ofensor.
   * La interpretación o aplicación de políticas, reglas, reglamentos y procedimientos de TDCJ.
   * Las acciones de un empleado u otro ofensor, incluyendo la negación de acceso al procedimiento de quejas.
   * Cualquier represalia en su contra por el uso en buena fe del procedimiento de quejas o Acceso a Cortes.
   * La pérdida o daño de la propiedad autorizada del ofensor en posesión de personas en la custodia física de la agencia, por la cual la Agencia o sus empleados, por negligencia, son la causa aproximada de cualquier daño o pérdida.
   * Asuntos relacionados a condiciones de cuidado o supervisión dentro de la autoridad de TDCJ, por el cual un remedio es disponible.
6. ***Usted no puede quejarse por:***
   * Decisiones de cortes Estatales o federales, leyes y/o regulaciones;
   * Decisiones de Libertad Condicional (Parole);
   * Disputas en crédito de Tiempo-servido las cuales deberán ser dirigidas a Classification and Records, Time Section;
   * Asuntos por los cuales otros mecanismos de apelación existen;
   * Cualquier asunto fuera del control de la Agencia para corregirlo.

7. ***Los siguientes criterios pueden ser aplicados a quejas regulares, para asegurar que el ofensor ha usado el Programa de Quejas de Ofensores responsablemente***; sin embargo, la mayoría de las quejas pueden ser corregidas y enviadas otra vez dentro de 15 días de la fecha firmada en que se regresó la queja.
   * El período para presentar su queja ha terminado. (Quejas Paso 1 deben de entregarse dentro de 15 días de la fecha del incidente y apelaciones Paso 2 deben ser enviadas dentro de 15 días de la fecha volvió a ofender en el Paso 1).
   * Presentar quejas en exceso de 1 cada 7 días. (Todas las quejas recibidas en la oficina de quejas serán revisadas; sin embargo, solamente una queja será procesada cada Siete días [con la excepción de disciplina, medico, y quejas de emergencia].)
   * Original no presentada. (Copias carbón no son consideradas originales aún si ellas tienen una firma original. El original del Paso 1 contestado debe ser enviado con una apelación Paso 2.)
   * Demasiadas páginas o inapropiadas. (Su queja debe ser escrita solo en una forma y en el espacio proveído. Adjunte solo documentos oficiales que apoyen su reclamo, tales como I-60's, llamadas de enfermo (sick call), papeles de propiedad, y otros artículos similares)
   * No documentó el intento de resolución informal. (Se le pide a usted intentar de resolver problemas con un empleado antes de enviar una queja. Recuerde, el intento debe de ser documentado en el espacio proveído en la forma I-127.)
   * No especifica que remedio pide. (La acción especifica requerida para resolver el reclamo debe ser claramente anotada en el espacio proveído.)
   * Uso malicioso de lenguaje vulgar, indecente o amenazador físicamente dirigido a un individuo.
   * El asunto presentado no es de queja (Consulte el #6 arriba.) Apelaciones disciplinarias no serán procesadas hasta después de la audiencia disciplinaria.
   * Repetición. (Usted no puede quejarse repetidamente de asuntos ya presentados en una queja anterior.)
   * El texto es ilegible e incomprensible. (Escriba su queja de manera que pueda ser leído y entendido por cualquiera)
   * Inapropiado. (Usted no puede pedir por daños monetarios o por ninguna forma de acción disciplinaria contra un empleado.)

No use una I-127 para comentar la efectividad y credibilidad del proceso de quejas; en su lugar, envíe una carta o I-60 al administrador del Programa de Quejas del Ofensor.

NON-GRIEVABLE ISSUES

☐ Direct this issue to Director's Review Committee (DRC).

☐ Direct this issue to the Classification and Records – Time Credit Section.

☐ All reported uses of force are reviewed by designated use of force staff and will not be addressed through the grievance procedure

Grievance Investigator: _____

Grievance Number: _____

NON-GRIEVABLE ISSUES

☐ Direct this issue to Director's Review Committee (DRC).

☐ Direct this issue to the Classification and Records – Time Credit Section.

☐ All reported uses of force are reviewed by designated use of force staff and will not be addressed through the grievance procedure

Grievance Investigator: _____

Grievance Number: _____

TDCJ OFFENDER GRIEVANCE PROCEDURE
ISSUE CODES

Instructions: One issue code is assigned and addressed to each grievance utilizing this detailed list. This code should reflect the **MOST SERIOUS** issue presented in the grievance.

There are 11 screening criteria that were developed to manage caseload and encourage offenders to utilize the Offender Grievance Procedure responsibly. **Emergency grievances** are **not** eligible for screening and shall be processed accordingly. Grievance investigators are to err on the side of caution when there is any level of uncertainty regarding the use of screening criteria. (See each category for the use of screening criteria).

****ALL BOLDED ITALICIZED ISSUE CODES WILL BE SENT TO OIG AND REQUIRE OIG FACT SHEETS**** ***Issue codes 005, 010, 013, 804 and 805 will only be sent to OIG if there is evidence to support the allegations.***

EMERGENCY (***Screening criteria does not apply)***

000 ALLEGATIONS OF PHYSICAL HARM FROM ANOTHER OFFENDER (Physical contact occurred)

002 ***ALLEGATIONS OF PHYSICAL CONTACT OR ASSAULT BY STAFF of an offender not reported through the use of force procedure. ALL 002'S WILL BE REFERRED TO OIG WITH A OIG FACT SHEET. (Use CODES 800 or 801 for allegations of excessive or unnecessary REPORTED uses of force.)***

003 MEDICAL EMERGENCIES (To include threats of Suicide. For Hunger Strike use Code 671)

004 ADA ISSUES (Denial of access to a program, service or activity based on a disability)

005 ***VOYEURISM*** *(An invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties)* ***(Send to OIG if evidence supports allegations).***

006 DISCRIMINATION BASED ON GENDER OR NATIONALITY.

007 EXTORTION (Obtaining currency, property, or demanding the performance of an action by coercion, violence, or threat of violence [sexual favors, commissary items or trust fund deposits)

008 ***ALLEGATIONS OF SEXUAL ASSAULT BY ANOTHER OFFENDER (Penetration of the anus, sexual organ, or mouth of another person by any means, without that person's consent).***

009 ***ALLEGATIONS OF SEXUAL CONTACT BY ANOTHER OFFENDER (Sexual contact between the genitals of one person and the genitals, mouth, anus, or hands of another person, to include sexual fondling, without that person's consent)***

010 ***ALLEGATIONS OF OFFENDER SEXUAL HARASSMENT*** *(Verbal statements, comments of a sexual nature; demeaning references to gender, derogatory comments about the body)* ***(Send to OIG if evidence supports allegations).***

011 ***ALLEGATIONS OF SEXUAL ASSAULT BY STAFF (Penetration of the anus, sexual organ, or mouth of another person by any means, without that person's consent).***

012 ***ALLEGATIONS OF SEXUAL CONTACT BY STAFF (Sexual contact between the genitals of one person and the genitals, mouth, anus, or hands of another person, to include sexual fondling, without that person's consent)***

013 ***ALLEGATIONS OF STAFF SEXUAL HARASSMENT*** *(Verbal statements, comments of a sexual nature; demeaning references to gender, derogatory comments about body or clothing; or gestures to an offender by an employee, volunteer, contractor, official visitor, or agency representative)* ***(Send to OIG if evidence supports allegations).***

014 ALLEGATIONS OF VERBAL THREATS OF PHYSICAL HARM FROM ANOTHER OFFENDER

015 ALLEGATIONS OF VERBAL THREATS OF PHYSICAL HARM FROM STAFF

016 ***THIRD PARTY ALLEGATIONS OF SEXUAL ABUSE (Abuse/ assault/contact by offender)***

017 ***THIRD PARTY ALLEGATIONS OF SEXUAL ABUSE (Abuse/ assault/contact by staff)***

018 ALLEGED VICTIM OF THIRD PARTY COMPLAINT DOES NOT WISH TO FILE GRIEVANCE

019 ***GRIEVANCE FILED BY THE ALLEGED VICTIM OF THIRD PARTY COMPLAINT***

020 LETHAL INJECTION ISSUES (Complaints regarding medications used)

RELIGION ***(All screening criteria apply)***

100 RELIGIOUS SERVICE OR MEMBERSHIP

101 RELIGIOUS PARAPHERNALIA

102 RELIGIOUS GROOMING

104 DISCRIMINATION BASED ON RELIGION

112 CONFISCATION OF RELIGIOUS PROPERTY

199 IMPROPER OR UNPROCESSED RELIGIOUS GRIEVANCE (Screened using criteria on reverse of grievance forms)

CLASSIFICATION MATTERS ***(All screening criteria apply)***

200 HOUSING ASSIGNMENT (Complaints regarding Housing Assignment including Medical Restrictions not being followed) IN-CELL INTEGRATION / ASSIGNMENT TO TWO-PERSON CELLS / OFFENDER REQUEST FOR HOUSING REASSIGNMENT

201 JOB ASSIGNMENT (Complaints regarding Work Assignment including Medical Restrictions not being followed)

202 ADMINISTRATIVE SEGREGATION (Initial Placement, Pre-Hearing Detention, Review Hearings, Status, Leveling)

206 EDUCATIONAL / VOCATIONAL TRAINING (Windham School, Educational Testing, Lee College, Class Schedules, Project RIO, Changes, etc.)

207 REHABILITATION PROGRAMS (Sex Offender Rehabilitation Program (SORP), Substance Abuse Treatment Program (SATP), Pre-Release & Innerchange)

209 CLASSIFICATION STATUS / CUSTODY LEVEL FOR OFFENDERS NOT IN ADMINISTRATIVE SEGREGATION (UCC and SCC Decisions. For Administrative Segregation Offenders, use Code 202)

210 FURLOUGH / WORK RELEASE (Including Emergency Absences and Medical Reprieves)

211 SECURITY THREAT GROUP (Confirmation, SCC, "Ex"-Gang Investigations initiated to confirm status, etc.)

214 GOOD TIME (Absentee Tracking Issues, Work time, etc.)

299 IMPROPER OR UNPROCESSED CLASSIFICATION GRIEVANCE (Screened using criteria on reverse of grievance forms)

COMMUNICATION ***(All screening criteria apply)***

300 VISITATION (Any issue regarding Visitation. For Legal Visits, use Code 706)

301 TELEPHONE ACCESS (Any issue regarding Telephone access. For Legal Telephone Access, use Code 702)

302 INTERVIEW REQUESTS (I-60 not answered, Administration will not interview, etc.)

303 ACCESS TO FORMS (I-60, Sick Call, Other Non-Grievance Forms. For Grievance forms, use Code 910.)

304 GENERAL MAIL (May include complaints about Mailroom Staff tampering with General Mail, Distribution, Rejection, etc. For complaints involving Security Staff, use Code 814 and for complaints involving Indigent Mail, use Code 701.)

305 PACKAGES (May include complaints about Mailroom Staff tampering with Packages, Mishandling, Distribution, Rejection, etc. For Lost Publications, use Code 515 and for complaints involving Security Staff, use Code 814.)

306 PUBLICATIONS (May include complaints about Mailroom Staff tampering with Publications, Mishandling, Distribution, Rejection, etc. For Lost Publications, use Code 515 and for complaints involving Security Staff, use Code 814.)

307 SPECIAL / LEGAL / MEDIA MAIL (May include complaints about Mailroom Staff tampering with Special/Legal Mail, Opening Mail in Error, Not Sealing Mail, Mishandling, Distribution, Rejection, etc. For complaints involving Security Staff, use Code 814.)

308 MAIL NOT DELIVERED IN ACCORDANCE WITH CORRESPONDENCE RULES TIME LIMITS

309 USE OF SOCIAL MEDIA (Facebook, Instagram, Pinterest, Snapchat, Tumblr, Twitter, etc.)

399 IMPROPER OR UNPROCESSED COMMUNICATION GRIEVANCE (Screened using criteria on reverse of grievance forms)

DISCIPLINARY *(All screening criteria apply, except #2 & #5)*

400 DUE PROCESS AND PROCEDURAL RIGHTS VIOLATIONS (Errors concerning improper conduct, insufficient notice, admitting or excluding evidence or witnesses, etc.)

410 INSUFFICIENT EVIDENCE TO SUPPORT A FINDING OF GUILT (Failure at hearing to produce evidence necessary to refute offender's non-frivolous evidence, lack of photos or drug tests when they should have been included)

411 PENALTY IMPOSED BY THE DHO WAS TOO SEVERE (Punishment beyond established limits or excessive punishment within "the limits" considering circumstances of the case)

499 IMPROPER OR UNPROCESSED DISCIPLINARY GRIEVANCE (Screened using criteria on reverse of grievance forms)

FACILITY OPERATIONS *(All screening criteria apply)*

500 FOOD (Food Services Issues e.g., Improper Temperature, Unsanitary Serving Practices, Portions, Quality of Food, Non-Provision of Special Diet. For Medical Diets, use Code 657)

501 COMMISSARY (Warranties, Hours, Product Availability, Accessibility, Lost ID Cards, etc.)

502 TRUST FUND (ITF Holds, Improper Deductions, Failure to Withdraw Funds. For Medical Co-Pay Issues, use Code 673)

503 SANITATION (Issues regarding the cleanliness of any area of the unit)

504 NECESSITIES (Bedding, Clothing, Shoes, Boots, or State-Issued Hygiene Items, such as Toothpowder, Soap, Toilet Paper, etc.)

505 ACTIVITY ROTATION (Building Schedule)

506 LIVING CONDITIONS (Temperature, Ventilation, etc.)

507 WORKING CONDITIONS (Pertaining to the Work Environment Only, e.g., Temperature, Hazards, Hours, etc.)

508 GROOMING (Shaving, Haircuts. For Religious Grooming concerns, use Code 102.)

509 RECREATION (Denials, Inclement Weather, Equipment)

510 SHOWERS (Denials, Schedules)

512 CONFISCATED / CONTRABAND PROPERTY (For Religious items, use Code 112; for Medical items, use code 612; and for Legal items, use Code 712)

513 REGULATIONS / OFFENDER PERSONAL PROPERTY

514 PROPERTY IN TRANSIT / SHIPPED PRISON STORE (As a result of unit transfer, transportation, or events [A MST # is required for Prison Store shipping])

515 PROPERTY LOST / MISSING / DAMAGED / STOLEN / (As a result of staff, other offenders, or events. Includes lost publications)

518 SEARCHES (Body Cavity, Living Area, Housing, Pat, Strip, Work, etc.)

522 MAINTENANCE (All areas of the unit)

523 FACILITY LOCKDOWN (Includes suspension of activities less than 24 hours)

524 OFFENDER DRUG TESTING PROCEDURES (Includes any issue regarding Random Drug Testing Program through the operational review sergeant)

525 CRAFT SHOP (Participation, Denial, Storage Space, etc.)

526 SAFETY ISSUES (Injuries sustained as a result of behavior/conditions [Injuries beyond first aid require completion of RM-04 form])

598 **TEMPERATURE RELATED (Used as a secondary code to indicate any issue related to temperature)**

599 IMPROPER OR UNPROCESSED FACILITY OPERATIONS GRIEVANCE (Screened using criteria on reverse of grievance forms)

MEDICAL STAFF COMPLAINTS / HEALTH SERVICES (*All screening criteria apply)*

600 COMPLAINTS AGAINST NURSING STAFF (R.N., LVN, medication aids)

601 COMPLAINTS AGAINST PHYSICIANS (Unit based MD, DO)

602 COMPLAINTS AGAINST PHYSICIAN EXTENDERS (PA, NP, FNP, etc.)

603 COMPLAINTS AGAINST ANCILLARY MEDICAL STAFF (Medical records, lab techs, phlebotomists, x-ray techs, CCA's, etc.)

604 COMPLAINTS AGAINST MENTAL HEALTH STAFF

605 COMPLAINTS AGAINST DENTAL STAFF

606 HARASSMENT, RETALIATION, DISCRIMINATION, UNETHICAL BEHAVIOR, OTHER, BY HEALTH CARE STAFF

607 CONFIDENTIALITY / PRIVACY ISSUES

608 DENIED / DELAYED ACCESS TO MEDICAL TREATMENT / INFIRMARY SERVICES

609 DENIED / DELAYED ACCESS TO MENTAL HEALTH SERVICES

610 DENIED / DELAYED ACCESS TO DENTAL SERVICES

611 DENIED / DELAYED ACCESS TO SPECIALIST SERVICES (Specialty Clinic appointments. Includes delays and missed Specialty clinic appointments)

612 CONFISCATED MEDICAL PROPERTY (May include, but not limited to the following: e.g., partials, dentures, glasses, contacts, braces, medications, canes, crutches, walkers, wheelchairs, medical supplies, special footwear, appliances, etc.)

613 CANCELED / MISSED APPOINTMENT ISSUES (Routine unit based appointments)

614 DELAYED / MISSED APPOINTMENTS ATTRIBUTED TO SECURITY / OPERATIONAL STAFF / LACK OF ESCORTS **(CODE ONLY AN 814)**

615 HEALTH CARE INTERPRETER SERVICES ISSUES

616 DENIAL / DELAYS IN OBTAINING NEW OR RENEWED MEDICATIONS

617 TIME SENSITIVE / KOP (KEEP-ON-PERSON PROGRAM) / NON-FORMULARY MEDICATION ISSUES

618 INSUFFICIENT OR INEFFECTIVE MEDICATION ISSUES

619 PILL LINE / PILL WINDOW / MEDICATION DISTRIBUTION ISSUES (Includes medication deliverance through Pill Window, Direct Observed Therapy [DOT], TYLENOL distribution by correctional staff and supervisors, etc.)

620 MEDICATION DISPENSING IN ADMINISTRATIVE SEGREGATION (All aspects, includes during lockdown)

621 ALLERGIC REACTION / ADVERSE EFFECTS / MEDICATION ERRORS ISSUES

622 PHOTOSENSITIVE / HEAT SENSITIVE MEDICATION ISSUES

623 LIQUID / CRUSHED MEDICATION / INJECTION / SPECIAL DISPENSING ISSUES

624 INEFFECTIVE / NSUFFICIENT / DENIAL / DELAY IN RECEIVING MEDICAL TREATMENT

625 TREATMENT PROCEDURES ORDERED BY A PROVIDER NOT FOLLOWED

626 CHRONIC CARE / PRE-EXISTING CONDITIONS /CONTINUITY OF CARE ISSUES

627 DIABETIC ISSUES

628 HEPATITIS / LIVER ISSUES

629 HIV ISSUES

630 TB ISSUES

631 HEART / BLOOD PRESSURE ISSUES

632 ONCOLOGY ISSUES

633 STAPH INFECTION ISSUES

634 CLIPPER SHAVE ISSUES

635 WHEELCHAIRS / WALKERS / CANES / CRUTCHES / ACE WRAPS / BRACES / SPECIAL EQUIPMENT ISSUES (C-PAP machines/tens units etc.)

636 LABORATORY TESTING / X-RAYS / DIAGNOSTIC TESTING ISSUES

637 DISAGREEMENTS WITH OR MISDIAGNOSIS ISSUES

638 WORK RESTRICTIONS / HOUSING ISSUES / HEALTH SUMMARY FOR CLASSIFICATION (HSM-18) ISSUES (Medical restrictions not being followed)

639 WORK ASSIGNMENT NOT COMMENSURATE WITH THE HEALTH SUMMARY FOR CLASSIFICATION (HSM-18) ISSUES (Medical restrictions not being followed)

640 WORK ASSIGNMENT PRIOR TO / DURING / OR AFTER SURGERY / TREATMENT / ILLNESS ISSUES

641 MEDICAL UNIT REASSIGNMENT ISSUES

642 PROVIDER NOT FOLLOWING PRIVATE PHYSICIAN / SPECIALTY CLINIC RECOMMENDATIONS

643 DENIAL OF SPECIALTY CLINIC REFERRALS / APPOINTMENTS

644 SPECIALTY CLINIC SCHEDULING ISSUES (Includes delays, missed appointments, and elective surgery issues)

645 SPECIAL TRANSPORTATION FOR MEDICAL REASONS (Ambulance, ADS van, Multi-Purpose Vehicle for medical [MPV], other)

646 DENIED / DELAYED RECEIPT OF TREATMENT / SPECIAL DIETS WHILE IN TRANSIT STATUS

647 SICK CALL REQUEST RESPONSE ISSUES (Includes not responded to, responded to but not in a timely manner, inappropriate responses)

648 MEDICAL PASSES ISSUES

649 NON-TDCJ MEDICAL RECORDS / OPEN RECORDS REQUESTS

650 RELEASE OF INFORMATION ISSUES (Authorization for Use and Disclosure of Protected Health Information [PHI])

651 HEALTH RECORDS INFORMATION (Allegations of discrepancies, falsification, omissions, missing or unauthorized changing)

652 HEALTH RECORD / DOCUMENT REVIEW ISSUES (Offender requests to review own health records)

653 HEALTH RECORD / DOCUMENT COPY ISSUES (Offender requests to obtain a copy of own health records, private historical medical records and archived records)

654 ASSISTIVE DISABILITY SERVICES (ADS) / HANDICAPPED/SPECIAL MEDICAL NEEDS

655 GERIATRIC ISSUES

656 HOSPICE ISSUES

657 SPECIAL THERAPEUTIC DIET ISSUES (Includes supplements and snacks, Diet for Health)

658 WEIGHT LOSS / WEIGHT GAIN ISSUES

659 SPECIAL FOOTWEAR / APPLIANCE ISSUES (Replacement / repair of missing, broken, worn out footwear or appliance / eligibility for services. Also includes not satisfied with treatment / footwear / appliances)

660 OPHTHALMOLOGY / OPTOMETRY / GLASSES / OPTICAL PROSTHESIS ISSUES (Includes requests for appointments, tinted lenses and contact lens)

661 VISUAL ACUITY AND ELIGIBILITY FOR OPTOMETRY / OPHTHALMOLOGY REFERRALS / APPOINTMENT ISSUES (Includes denial of appointment)

662 DENTAL ISSUES (Includes eligibility for services / requests for services / not satisfied with services)

663 DENIAL / DELAYS IN RECEIVING DENTAL SERVICES

664 DENTURE / PARTIAL DENTURE ISSUES

665 MENTAL HEALTH ISSUES (Requests for mental health treatment / denial / delays in being seen / not satisfied with treatment)

666 MENTAL HEALTH MEDICATION ISSUES

667 FORCED MENTAL HEALTH MEDICATION ISSUES

668 DEVELOPMENTAL DISABILITY PROGRAM (Formerly Mentally Retarded Offender Program [MROP])

669 PAMIO ISSUES (Physically Aggressive Mental Ill Offender Program)

670 CRISIS MANAGEMENT ISSUES (Mental Health, includes precaution and restraint issues)

671 HUNGER STRIKE ISSUES

672 MENTAL HEALTH PROGRAM ISSUES (Step Down Program, etc)

673 COPAYMENT ISSUES

674 NON-MEDICAL PERSONNEL INTERFERENCE WITH HEALTH SERVICES

675 HEAT / COLD (Temperature related medical issues)

676 PHYSICAL THERAPY / OCCUPATIONAL THERAPY ISSUES

677 RESPIRATORY THERAPY / CARE ISSUES

678 AUDIOLOGY ISSUES (Hearing Issues)

679 BRACE AND LIMB CLINIC ISSUES

680 DIALYSIS CLINIC ISSUES

699 IMPROPER OR UNPROCESSED MEDICAL GRIEVANCE (Screened using criteria on reverse of grievance forms)

LEGAL ***(All screening criteria apply)***

700 ACCESS TO COURTS (Interference with Legal Activities)

701 INDIGENT CORRESPONDENCE SUPPLIES/MAIL (Denial of Indigent Legal, or Personal Writing Supplies, Postage, Certified Mail)

702 TELEPHONE ACCESS (Attorney / Consular Phone Calls)

703 LAW LIBRARY LEGAL RESEARCH MATERIAL (Availability, Restriction, Delivery, etc.)

704 LAW LIBRARY (Hours of Operation, Accessibility, etc.)

705 LEGAL VISITS WITH OTHER OFFENDERS

706 ATTORNEY VISITS

707 NOTARY SERVICE

709 LEGAL PROPERTY (Search, or Denial of Access)

710 INADEQUATE LEGAL SERVICES PROVIDED BY STATE COUNSEL FOR OFFENDERS

711 OPEN RECORDS REQUESTS

712 CONFISCATED LEGAL PROPERTY

713 ADDITIONAL STORAGE (Denial of Additional Storage for Legal , Religious, Educational, or Medical)

799 IMPROPER OR UNPROCESSED LEGAL GRIEVANCE (Screened using criteria on reverse of grievance forms)

STAFF COMPLAINTS *(All screening criteria apply)*

800 ***USE OF FORCE (Allegations of a Reported Use of Force that was Inappropriate or Excessive)***

801 ***USE OF CHEMICAL AGENTS (Inappropriate Use of, Decontamination, etc.)***

802 ***POINTED A WEAPON***

803 ***CRIMINAL ACTIVITY BY STAFF (Alleged violations of State or Federal Law) This includes giving an order or an action taken by staff that would cause the offender harm (Official Oppression).***

804 ***RETALIATION / HARASSMENT FOR USE OF GRIEVANCE PROCEDURE (Send to OIG if evidence supports allegations).***

805 ***RETALIATION / HARASSMENT FOR EFFORTS TO EXERCISE ACCESS TO COURTS RIGHTS (Send to OIG if evidence supports allegations).***

806 ALLEGATIONS OF HARASSMENT FOR CONTRIBUTING TO OR COOPERATING WITH AN OFFICIAL INVESTIGATION

808 THREATS FROM STAFF (Not of Physical Harm)

810 ALLEGATIONS OF STAFF USE OF PROFANITY / OBSCENE LANGUAGE

811 USE OF SLURS / HOSTILE EPITHETS

812 HARRASSMENT, RETALIATION / TAUNTING / BADGERING / INTIMIDATION

814 ALLEGATION OF STAFF DENIAL / INTERFERENCE WITH AN ACTIVITY (Such as, Recreation, Shower, etc.)

815 UNPROFESSIONAL STAFF CONDUCT (Behavior That Does Not Fall into any Other Category)

899 IMPROPER OR UNPROCESSED STAFF COMPLAINT GRIEVANCE (Screened using criteria on reverse of grievance forms)

MISCELLANEOUS *(All screening criteria apply)*

900 TRANSPORTATION (Any issue regarding Offender Movement via Bus, Van, etc. For issues involving Property Lost / Damaged during Transportation, use Code 514 and for Medical Transportation Issues, use Code 645)

901 ALLEGATIONS AGAINST OTHER OFFENDERS (Action taken by another offender against the grievant not covered under any other code)

903 GRIEVANCE STAFF

904 GRIEVANCE PROCEDURE / PROCESSING / UNTIMELY RESPONSE

910 ACCESS TO GRIEVANCE FORMS

911 DNA Issues

999 IMPROPER OR UNPROCESSED MISCELLANEOUS GRIEVANCE (Screened using criteria on reverse of grievance forms)

OUTCOME CODES

C **Administratively Closed**

This code is applied only by the administrator of the Offender Grievance Program or Program Supervisor relative to extenuating circumstances: such as the investigation into a grievance reveals the named offender indicates he did not file the complaint and does not want the complaint filed on his behalf and submits a written statement to that effect. Additionally; if a grievance has been lost by UGI the offender is allowed to resubmit the grievance under a new grievance number.

D **No Corrective Action Required**

- Available evidence does not support the complaint
- Insufficient evidence for further investigation
- Redundant complaint
- Property settlement offer refused
- Grievances that include allegations of unreported use of force; criminal acts by staff; or harassment or retaliation for access to courts rights (e.g., filing grievances or other legal activities) are referred to the OIG for review. This code should be used when OIG staff determines there is insufficient evidence to open an OIG investigation.

H **Grievances Screened/Returned to the Offender for Correction and Re-Submission**

Use of this code is restricted to grievances that are screened during the review process using one or more of the screening criteria listed on the reverse side of a Step 1 or Step 2 grievance form. The offender will have an additional 15 days to correct and resubmit the grievance.

O **Referred to Employee relations**

Outcome code **"O"** is only used when a grievance is referred regarding staff use of slurs or hostile epithets.

R **Corrective Action Taken**

- Policy, procedure, rules, or practice changed
- Records corrected
- Property returned / Property settlement made
- Other corrective actions as appropriate

T **Referred to the Office of the Inspector General**

- Criminal acts by staff
- PREA related allegations
- Allegations of a reported use of force that was alleged excessive/unnecessary and OIG opens a case. (800) (801) (802)
- Allegations of an unreported use of force or inappropriate use of chemical agents (002)
- Harassment/retaliation for access to courts rights or use of the grievance procedure **(only if there is evidence).**

U **Reported Use of Force**

This code should be used when OIG **does not open a case** into a reported use of force grievance alleged to be unnecessary and excessive.

Texas Department of Criminal Justice

STEP 1 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

Date Received: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: _____ **TDCJ #** _____

Unit: _____ **Housing Assignment:** _____

Unit where incident occurred: _____

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? _____ When? _____

What was their response? _____

What action was taken? _____

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate.

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM (OVER)

Action Requested to resolve your Complaint.

Offender Signature: _____ **Date:** _____

Grievance Response:

Signature Authority: _____ **Date:** _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

Returned because: ***Resubmit this form when corrections are made.**

- ☐ 1. Grievable time period has expired.
- ☐ 2. Submission in excess of 1 every 7 days. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. No documented attempt at informal resolution. *
- ☐ 6. No requested relief is stated. *
- ☐ 7. Malicious use of vulgar, indecent, or physically threatening language. *
- ☐ 8. The issue presented is not grievable.
- ☐ 9. Redundant, Refer to grievance #_____
- ☐ 10. Illegible/Incomprehensible. *
- ☐ 11. Inappropriate. *

UGI Printed Name/Signature: _____

Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: _____

OFFICE USE ONLY

Initial Submission UGI Initials:_____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender:_____

2nd Submission **UGI Initials:**_____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender: _____

Date Returned to Offender: _____

3rd Submission **UGI Initials:**_____

Grievance #: _____

Screening Criteria Used: _____

Date Recd from Offender:_____

Date Returned to Offender: _____

I-127 Back (Revised 11-2010)

Departamento de Justicia Criminal de Texas

PASO 1

FORMULARIO DE QUEJA

OFFICE USE ONLY
Para Uso De La Oficina Solamente

Grievance #: _____
Date Received: _____
Date Due: _____
Grievance Code: _____
Investigator ID #: _____
Extension Date: _____
Date Retd to Offender: _____

Nombre: _____ **TDCJ #** _____

Unidad: _____ **Celda Asignada:** _____

Unidad donde ocurrió el incidente: _____

Es obligatirio que trate de resolver su problema con un empleado antes de presenter su queja formalmente. La única exceptión es cuando apela los resultados de un caso disciplinario.

Con quiéb habló (nombre y rango)?: _____ Cuándo? _____

Cuál fue su respuesta? _____

Qué medidas fueron tomados? _____

Escriba su queja en el espacio de abajo. Por favor, incluya quién, qué, cuándo, donde y el # de caso disciplinario si se require.

SE REQUIERE SU FIRMA AL REVERSO DE ESTA FORMA (Continua al reverso)

Acción que usted solicita para resolver su problema.

Firma del Ofensor: _____ **Fecha:** _____

Decisión Adminitrativa:

Firma de la Autoridad: _____ **Fecha:** _____

Si usted no esta satisfecho con la respuestra del Paso 1, (I-127). Usted puede enviar el Paso 2 (I-128) al Investigador de Quejas de la unidad dentro de 15 días de las fecha de la respuesta del Paso 1. Escriba la razon de su apelación en la forma del Paso 2.

Su Queja fue regresada por las siguientes razones:
***Presente su queja cuando haya corregido su error en el formulario.**

- ☐ 1. El límite establecido de 15 días para presentar su queja ha terminado.
- ☐ 2. Presentó mas de una queja en el período establecido de 7 días.*
- ☐ 3. La forma original no fue presentada. *
- ☐ 4. La queja tiene páginas excesivas o inapropiadas. *
- ☐ 5. No hay documentación que indique que usted trato de resolver su queja informalmente.*
- ☐ 6. No indicó que remedio solicita para resolver su problema.*
- ☐ 7. Contiene lenguaje vulgar, indecente o amenazador físicamente. *
- ☐ 8. Su problema no se puede solucionar presentando esta queja. *
- ☐ 9. Ya presentó esta queja anteriormente, queja # _____
- ☐ 10. No se puede leer, no se entiende. *
- ☐ 11. No es apropiado. *

UGI Printed Name/Signature: _____

La aplicación del criterio de revisión para esta queja no se espera que afecte adversamente la salud del ofensor.

Medical Signature Authority: _____

OFFICE USE ONLY
Para Uso De La Oficina Solamente

Initial Submission UGI Initials:_____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender:_____

2nd Submission **UGI Initials:**_____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender: _____
Date Returned to Offender: _____

3rd Submission **UGI Initials:**_____
Grievance #: _____
Screening Criteria Used: _____
Date Recd from Offender:_____
Date Returned to Offender: _____

Texas Department of Criminal Justice

STEP 2 OFFENDER GRIEVANCE FORM

OFFICE USE ONLY

Grievance #: _____

UGI Recd Date: _____

HQ Recd Date: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Date Retd to Offender: _____

Offender Name: _____ **TDCJ #** _____

Unit: _____ **Housing Assignment:** _____

Unit where incident occurred: _____

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because…*

YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM (OVER)

Offender Signature: _____ **Date:** _____

Grievance Response:

Signature Authority: _____ **Date:** _____

Returned because: ***Resubmit this form when corrections are made.***

- ☐ **1. Grievable time period has expired.**
- ☐ **2. Illegible/Incomprehensible. ***
- ☐ **3. Originals not submitted. ***
- ☐ **4. Inappropriate/Excessive attachments. ***
- ☐ **5. Malicious use of vulgar, indecent, or physically threatening language. ***
- ☐ **6. Inappropriate. ***

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission **CGO Initials:**_____

Date UGI Recd:_____

Date CGO Recd:_____

(check one) ____Screened ____Improperly Submitted

Comments:_____

Date Returned to Offender:_____

2nd Submission **CGO Initials:** _____

Date UGI Recd:_____

Date CGO Recd:_____

(check one) ____Screened ____Improperly Submitted

Comments:_____

Date Returned to Offender:_____

3rd Submission **CGO Initials:**_____

Date UGI Recd:_____

Date CGO Recd:_____

(check one) ____Screened ____Improperly Submitted

Comments:_____

Date Returned to Offender:_____

Departamento de Justicia Criminal de Texas

PASO 2 FORMULARIO DE QUEJAS

OFFICE USE ONLY
Para Uso De La Oficina Solamente

Grievance #: _____

UGI Recd Date: _____

HQ Recd Date: _____

Date Due: _____

Grievance Code: _____

Investigator ID #: _____

Extension Date: _____

Nombre: _____ **TDCJ #** _____

Unidad: _____ **Celda Asignada:** _____

Unidad donde ocurrió el incidente: _____

Para procesar su apelacion al Segundo nivel, necesita mandar junto con su formulario (I-128) el original del formulario (I-127) con la respuesta y la firma del guardian. Usted no puede apelar su queja al Segundo nivel, si su queja al primer nivel fue regresada sin procesar.

Escriba la razón de su apelación (sea específico). *Yo no estoy satisfecho con la respuesta del Paso 1 porque....*

FIRME AL REVERSO DE ESTA FORMA (Continua al reverso)

Firma del Ofensor: _____ **Fecha:** _____

Respuesta Administrativa en referencia a su apelacion:

Firma de la Autoridad: _____ **Fecha:** _____

Su queja fue regresada por las siguentes razones:

***Presente esta forma otra vez cuando haya hecho las correcciones**

- ☐ **1. El periodo para presentar su queja ha terminado. ***
- ☐ **2. No se puede leer, no se entiende. ***
- ☐ **3. El documento original no fue presentado. ***
- ☐ **4. La queja tiene páginas excesivas o inapropiadas. ***
- ☐ **5. Contiene lenguaje vulgar, indecente o amenazador físicamente. ***
- ☐ **6. No es apropiado.***

CGO Staff Signature: _____

OFFICE USE ONLY
Para Uso De La Oficina Solamente

Initial Submission **CGO Initials:**_____
Date UGI Recd:_____
Date CGO Recd:_____
(check one) ____Screened ____Improperly Submitted
Comments:_____
Date Returned to Offender:_____

2nd Submission **CGO Initials:** _____
Date UGI Recd:_____
Date CGO Recd:_____
(check one) ____Screened ____Improperly Submitted
Comments:_____
Date Returned to Offender:_____

3rd Submission **CGO Initials:**_____
Date UGI Recd:_____
Date CGO Recd:_____
(check one) ____Screened ____Improperly Submitted
Comments:_____
Date Returned to Offender:_____

GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

GRIEVANCE OFFICE USE ONLY

STEP 1

STEP 2

Unit: _____ **Investigator ID:** I _____ **Date Initiated:** _____ **Date Completed:** _____ **Date Due:** _____

Offender Name: _____ **TDCJ No:** _____ **Grievance Number:** _____

Issue Code:	EMERGENCY		ADA	( )	Property	( )	Use of Force (UOF)	( )
	YES	( )	Disciplinary	( )	Religion	( )	Harassment or Retaliation*	( )
	NO	( )	Medical	( )	OPI Investigation	( )	PREA	( )

**Harassment or Retaliation of Use of the Grievance Procedure, Access to Courts, or other Legal Activity*

Note: Offenders are not allowed to review the grievance investigation worksheet at any time. For claims of sexual abuse, sexual assault, criminal acts by staff, Excessive or Unreported UOF, the investigation must be conducted by the Office of Inspector General (OIG) and the OIG Fact Sheet completed.

Summary of Issue: ***(Include date, time and location)*:**

Requested Remedy:

The following is to be completed and signed by the Investigating Official. Attach statements/supporting documentation, if applicable.

Summary of Fact Finding Activity:

Suggested Response to Offender:

OUTCOME CODE: _____ **RESOLUTION CODE:** _____

Investigating official completes the section below:

Printed Name: _____ **Signature:** _____

Title: _____ **Date:** _____

This grievance is being processed in an effort to resolve a problem through the established procedures identified in BP-03.77 and AD-0382. It is expressly prohibited to subject the grievant, other offenders, or staff to any form of reprisal for the use of these procedures.

GRIEVANCE INVESTIGATION WORKSHEET

Official Statement

Unit: _____ **Staff Name:** _____ **Grievance #:** _____ **Date:** _____

Offender Name: _____ **TDCJ#:** _____ **Housing Location:** _____

In accordance with BP 03.77, you are required to participate in this investigation as noted. Address each allegation thoroughly. **Do not respond with indefinite answers such as "I don't know" or "I have no knowledge of".** If you have no knowledge, explain the reason why. (e.g., I was on vacation; I was not assigned there, etc.) Your answers are to be factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Executive Director, Office of the Inspector General (OIG), Attorney General's Office and State and Federal Court Officials may review your response. **All grievances are confidential and may not be discussed between you and the offender or with other individuals.** You are expected to return this investigation within 10 working days of receipt. Additional time may be requested by contacting the grievance investigator. Sign and date the form in the designated locations when completed and return it to the Unit Grievance Office. If you were provided a narrative copy of the grievance, it must also be returned to the Unit Grievance Office. **The grievance may not be duplicated or shared with the accused staff member.**

Please Provide the Following Documents

- ☐ Participant(s) Statement _____
- ☐ Witness (es) Statement (signed) _____
- ☐ Activity Logs (Recreation, Shower, Feeding)
- ☐ Shift Roster
- ☐ Ingress/Egress Log
- ☐ Property Confiscation Form
- ☐ Other _____
- ☐ Staff or Offender Protection Investigation
- ☐ Property Inventory Forms
- ☐ Property Logs

ALLEGATIONS:

EMPLOYEE STATEMENT: _____

PRINTED NAME	SIGNATURE	DATE
RANK/TITLE	SHIFT/DEPARTMENT	

SUPERVISOR COMMENTS: _____

PRINTED NAME	SIGNATURE	DATE
RANK/TITLE	SHIFT/DEPARTMENT	

GRIEVANCE INVESTIGATION WORKSHEET

Continuation/ Statement Page

GRIEVANCE NUMBER: _____ **DATE INITIATED:** _____

GRIEVANT NAME: _____ **DATE DUE:** _____

Allegations:

Additional Information or Comments

Information Provided By

_____ _____

PRINTED NAME OF STAFF OR OFFENDER **SIGNATURE**

_____ _____

RANK/TITLE OR TDCJ # **DATE**

Offender Name: _____ TDCJ #: _____ Unit: _____ Grievance #: _____

Emergency Checklist

An Emergency complaint is defined as a written complaint requiring immediate action about matters that would subject the offender to substantial risk of personal injury or cause other serious or irreparable harm for incidents such as sexual assault, requests for protection, extortion, or medical emergencies.

The following checklist may be used to determine if the matter presented in the complaint should be processed as an emergency. It is imperative that the following questions be answered as fairly, impartially and objectively as possible. If the answer is "yes" to questions 1-5, the complaint should be processed as an emergency in accordance with agency policy. When applying Checklist question #6, questions #1-#5, should reflect N/A, and the grievance shall be coded as a regular grievance subject to all screening criteria.

This checklist must be maintained with the grievance in the offender's file (subject to record retention requirements).

1. **Does the allegation describe an incident of sexual abuse, sexual assault without that person's consent?**

☐ YES ☐ NO ☐ N/A, see #6

2. **Does the allegation describe an incident of unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature?**

☐ YES ☐ NO ☐ N/A, see #6

3. **Does the allegation describe an unreported use of force or any physical contact that would present a substantial risk to the offender, irreparable harm, or place the offender in serious danger?**

☐ YES ☐ NO ☐ N/A, see #6

4. **Does the allegation describe a situation, or a specific threat by a staff member or another offender that would present a substantial risk to the offender, cause irreparable harm, or place the offender in serious danger?**

☐ YES ☐ NO ☐ N/A, see #6

5. **Does the allegation involve the denial of treatment that would present a substantial risk to the offender, cause irreparable harm, or place the offender in serious danger?**

☐ YES ☐ NO ☐ N/A, see #6

6. **Does the allegation describe an incident that has been previously identified and/or addressed in another grievance?**

☐ YES ☐ NO

Grievance Number: _____

If the response to question #6 was yes, were the following actions taken in regards to this incident?

- **Telephone call to highest ranking security supervisor** ☐ YES ☐ NO
- **Immediate written notification (email) to appropriate staff** ☐ YES ☐ NO
- **Copy of narrative provided to appropriate staff** ☐ YES ☐ NO
- **Investigation was initiated** ☐ YES ☐ NO

I have thoroughly reviewed the information that was provided to me. All of the answers given to the above questions are true and correct to the best of my knowledge.

Printed Name of Reviewer _____ Signature of Reviewer _____ Date _____

STEP I GRIEVANCE FACT SHEET FOR OIG INVESTIGATION

Section I. Grievance Information

***Instructions:** Upon receipt of a grievance alleging sexual assault, sexual abuse, sexual harassment, excessive or unreported use of force, criminal activity by staff or harassment/retaliation for exercising access to courts, or the offender grievance program, the Grievance Investigator (UGI) shall complete Section I, and forward a copy of the grievance along with the Fact Sheet to the Regional Grievance Supervisor (RGS) for processing.*

Referral Type:	*PREA*		*Use of Force*		*Harassment /Retaliation*	
	☐	Sexual Assault	☐	Excessive	☐	Exercising Access to Courts
	☐	Sexual Contact	☐	Unreported	☐	Offender Grievance
☐ Criminal Activity by Staff	☐	Sexual Harassment				
Unit administrative investigation completed and attached?			☐	Yes	☐	No

Offender Name: _____ **TDCJ:** _____ **Grievance #:** _____

Alleged Incident **Date:** _____ **Time:** _____ **Unit:** ____ **Location:** _____

Alleged Staff Involved: _____ **Rank/Title:** _____ **SS # :** _____

_____ **Rank/Title:** _____ **SS # :** _____

_____ **Rank/Title:** _____ **SS # :** _____

_____ **Rank/Title:** _____ **SS # :** _____

What was the employee's alleged actions?

Section II. Review by Regional or Central Office Supervisor

***Instructions:** The RGS or CGOS shall review the grievance and Fact sheet, sign, date and forward to the designated OIG Regional Office.*

RGS *Printed Name:* _____ ***Signature/Date:*** _____

Section III. Review by OIG Supervisor

***Instructions:** Upon review of the grievance, support documentation and Fact Sheet, the OIG Supervisor shall make a determination and check the appropriate box (a, b). Sign and return a copy of the grievance and the Fact Sheet to the RGS or CGOS, as appropriate.*

a. ☐ OIG case # _____ assigned;

b. ☐ Insufficient evidence to open an OIG investigation.

OIG Supervisor *Printed Name:* _____ ***Signature/Date:*** _____

Section IV. Completion

RGS Received *Printed Name:* _____ ***Signature/Date:*** _____

***Instructions:** The RGS shall review the OIG decision, and forward the grievance and Fact Sheet to the UGI to complete the Step1 process. The UGI shall formulate a response based on the unit administrative investigation and/ or OIG decision.*

UGI Received *Printed Name:* _____ ***Signature/Date:*** _____

STEP 2 GRIEVANCE FACT SHEET FOR OIG INVESTIGATION

Section I. Grievance Information

Instructions: Upon receipt of a grievance alleging sexual assault, sexual abuse, sexual harassment, excessive or unreported use of force, criminal activity by staff or harassment/retaliation for exercising access to courts, or the offender grievance program, the Grievance Investigator (UGI) shall complete Section I, and forward a copy of the grievance along with the Fact Sheet to the Regional Grievance Supervisor (RGS) for processing.

	PREA		*Use of Force*		*Harassment /Retaliation*	
Referral Type:	❑	**Sexual Assault**	❑	**Excessive**	❑	**Exercising Access to Courts**
	❑	**Sexual Contact**	❑	**Unreported**	❑	**Offender Grievance**
	❑	**Sexual Harassment**	❑	**Criminal Activity by Staff**		
Unit administrative investigation completed and attached?			❑	**Yes**	❑	**No**

Medical:

Offender Name: _____ **TDCJ:** _____ **Grievance #:** _____

Alleged Incident **Date:** _____ **Time:** _____ **Unit:** ____ **Location:** _____

Alleged Staff Involved: _____ **Rank/Title** _____ **SS #** _____

_____ **Rank/Title** _____ **SS #** _____

_____ **Rank/Title** _____ **SS #** _____

_____ **Rank/Title** _____ **SS #** _____

What were the employee's alleged actions?

Section II. Review by Central Grievance Office Supervisor

Instructions: The CGOS shall review the grievance and Fact sheet, sign, date and forward to the designated OIG Regional Office.

CGOS ***Printed Name:*** _____ ***Signature/Date:*** _____

Section III. Review by OIG Supervisor

Instructions: *Upon review of the grievance, support documentation and Fact Sheet, the OIG Supervisor shall make a determination and check the appropriate box (a, b). Sign and return a copy of the grievance and the Fact Sheet to the RGS or CGOS, as appropriate.*

a. ❑ OIG case # _____ assigned;

b. ❑ Insufficient evidence on open an OIG investigation.

OIG Supervisor ***Printed Name:*** _____ ***Signature/Date:*** _____

Section IV. Completion

Instructions: *The CGOS shall review the OIG decision, and the unit administrative investigation and/ or OIG decision.*

CGO Supervisor ***Printed Name:*** _____ ***Signature/Date:*** _____

Disciplinary Worksheet and Document Checklist

This form must be used in combination with the OG-01 Grievance Worksheet

Offender Name: _____ TDCJ #: _____ Grievance #: _____

Disciplinary Case #: _____ ☐ MAJOR ☐ MINOR

☐ I-47 MA ☐ I-47 MI	☐ I-210 (Front and back) ☐ I-217 ☐ CS 12	☐ CS 09 ☐ CS 10-11 A and B ☐ CS 14 (if applicable)	☐ Outpatient Mental Health Services Disciplinary Case Review

Offender Plea: ☐ Guilty ☐ Not Guilty ☐ None

Was the disciplinary tape reviewed?	☐ Yes ☐ No ☐ N/A (Minor) Disciplinary Tape #_____
Was the offender served with notice of charges within 30days of the date of discovery of offense?	☐ Yes ☐ No _____
If no to the above, was an extension approved/attached?	☐ Yes ☐ No _____
Did the offender receive 24-hour notice prior to the hearing?	☐ Yes ☐ No _____
Did the offender waive the 24-hour notice?	☐ Yes ☐ No _____
Was hearing held within 20 days after notice service?	☐ Yes ☐ No _____
If no, to the above, was an extension approved/attached?	☐ Yes ☐ No _____
Was an Interpreter requested/required at the hearing?	☐ Yes ☐ No _____
Was offender present at the hearing?	☐ Yes ☐ No _____
Did the CS/offender make a statement at the hearing?	☐ Yes ☐ No _____
Did the CS/staff/offender statement refute the charge?	☐ Yes ☐ No _____
Was the charging officer requested at the hearing?	☐ Yes ☐ No _____
Was charging officer present at the hearing?	☐ Yes ☐ No _____
Were offender/staff witnesses requested?	☐ Yes ☐ No _____
Were offender/staff witnesses present?	☐ Yes ☐ No _____
Was the offender allowed to submit documentary evidence at the hearing?	☐ Yes ☐ No _____
If so, did the evidence refute the charge?	☐ Yes ☐ No _____
Were witness statements, lab reports (drug related cases), medical records if appropriate, presented as evidence?	☐ Yes ☐ No _____
Did either staff or offender testimonies refute the charge?	☐ Yes ☐ No _____
Does a preponderance of the evidence presented justify the finding of guilt or innocence, and any disciplinary sanctions imposed?	☐ Yes ☐ No _____
Was the punishment consistent with the guidelines established in the Disciplinary Rules and Procedure?	☐ Yes ☐ No _____

Notes:

Completed By: Signature: _____ Date: _____

Printed Name: _____ Title: _____

Offender Name: _____ TDCJ #:_____ Unit: _____ Grievance #:_____

Documents and Forms Required for Investigation of Medical Grievances
The following forms and documentation are generally required for grievance investigations.

	Date		Name & Title	
1 Unit Grievance Investigator forwards the original grievance, or a copy for multiple issue medical grievances, the OG-01 worksheet, and **page 1 of this checklist** to the Medical Department.				
2 Unit Practice Manager/Health Administrator, or Director of Nursing/Nurse Administrator reviews issues, routes to responsible party and compiles the following paperwork:				
2(a) Supporting documentation from the medical record	**Y**	**N**	**N/A**	**Comments**
• Provider/Nursing/Clinic Notes	☐	☐	☐	
• Refusal forms	☐	☐	☐	
• Sick Call Requests/Sick Call logs	☐	☐	☐	
• Master Problem List	☐	☐	☐	
• X-ray reports	☐	☐	☐	
• Specialty clinic notes	☐	☐	☐	
• Lab reports	☐	☐	☐	
• PULHES/HSM-18	☐	☐	☐	
• Passes-medication/medical issue items (braces, crutches, shoes, etc.)	☐	☐	☐	
• Dental records	☐	☐	☐	
• Mental health records	☐	☐	☐	
• Treatment flow sheets	☐	☐	☐	
• Lay-in lists	☐	☐	☐	
• Security Logs	☐	☐	☐	
• Compliance reports	☐	☐	☐	
• Discharge summaries	☐	☐	☐	
• Release of Information-Hospital Galveston only	☐	☐	☐	
Provide other written records required to offer proof of provision of services. All persons participating in clinical and non-clinical services to offenders are bound by the same rules of confidentiality and shall not be excluded from viewing such records necessary to complete the review/appeal process.	☐	☐	☐	
2(b) Copies of all signed statements from medical/dental/mental health staff who are specifically named in the Step 1 Grievance.	☐	☐	☐	
2(c) Individual medical/dental/mental health discipline manager/designee findings & recommendations.	☐	☐	☐	
2(d) Informal resolution attempted by the offender through the Facility Medical Complaints Coordinator before the Step 1 Grievance was filed.	☐	☐	☐	
3 Sign and forward all compiled Health Services documentation and statements to the Grievance Investigator.	☐	☐	☐	
4 Received by the Unit Grievance Investigator signature.	☐	☐	☐	

* The Unit Grievance Staff is responsible for obtaining non-medical statements and forwarding all investigative documents to the Central Grievance Office in Huntsville, if a Step 2 Offender Grievance is filed.

Step 1	☐	Grievance #	Offender Name	TDCJ #	Unit
Step 2	☐				

Texas Department of Criminal Justice

NOTICE OF EXTENSION

Offender Grievance Office

In accordance with the procedures outlined in BP-03.77, "Offender Grievances," and AD-03.82, "Management of Offender Grievances,", you are hereby notified that additional time is necessary to complete the investigation of your:

Step 1 Grievance: (*check the applicable box)*

☐ An additional 30 days is needed for appropriate response to your disciplinary appeal.

☐ An additional 40 days is needed for appropriate response to your grievance.

☐ An additional 45 days is needed for appropriate response to your medical Step 1 grievance.

Step 2 Grievance: *(check the applicable box)*

☐ An additional 30 days is needed for appropriate response to your disciplinary appeal.

☐ An additional 40 days is needed for appropriate response to your Step 2 grievance.

☐ An additional 45 days is needed for appropriate response to your medical Step 2 grievance.

_____ _____

Name and Title Date

Original – Send to the Offender

Copy – Attach to the Grievance

PROPERTY SETTLEMENT AGREEMENT

I, _____, TDCJ # _____, do voluntarily accept the below listed items as full settlement of the property claim submitted in Grievance/Claim # _____. By acceptance of these items, I agree to no longer hold the Texas Department of Criminal Justice liable, past, present or future, for the property mentioned in the above stated claim. I also hereby agree to abandon all claims against the Texas Department of Criminal Justice and all persons for any damages arising from the loss or damage.

Items offered as Settlement

1.	_____	**11.**	_____
2.	_____	**12.**	_____
3.	_____	**13.**	_____
4.	_____	**14.**	_____
5.	_____	**15.**	_____
6.	_____	**16.**	_____
7.	_____	**17.**	_____
8.	_____	**18.**	_____
9.	_____	**19.**	_____
10.	_____	**20.**	_____

_____ **Date**

_____ **Offender Signature**

_____ **TDCJ#**

Witnessed By:

_____ **Printed Name**

_____ **Signature/Rank**

_____ **Printed Name**

_____ **Signature/Rank**

Texas Department of Criminal Justice

Inter-Office Communication

To: Property Claim File **Date:** _____

No. _____

From: Offender _____ **Subject:** Monetary Reimbursement Agreement Form

TDCJ # _____

Unit _____

I, _____, TDCJ# _____,

do hereby voluntarily agree to accept $_____ as full settlement of Property Claim #_____. By acceptance of the above, I agree to no longer hold the Texas Department of Criminal Justice liable, past, present or future, for the property mentioned in the above stated claim. I also hereby agree to abandon all the claims against the Texas Department of Criminal Justice and all persons for any damages arising from the loss or damage. I understand that the amount to be reimbursed will be deposited directly into my Trust Fund Account.

_____ **Date**

_____ **Claimant's Name**

_____ **Claimant's Social Security Number**

Witnessed By:

_____ **Printed Name**

_____ **Signature/Title**

_____ **Printed Name**

_____ **Signature/Title**

Definitions

Coercion- Is the practice of forcing another person to behave in an involuntary manner (whether through action or inaction) by use of threats, rewards, or intimidation or some other form of pressure or force.

Contraband- Any item which an offender is prohibited to possess or obtain according to the offender Orientation Handbook while in custody, unless the offender receives the item as a result of a state or federal court order or legitimately through the litigation process.

Dead file- An inactive file kept of grievances written by offenders that were not able to be identified.

Emergency grievance- Is a written complaint which requires immediate action about matters that would subject an offender to a substantial risk of personal injury or cause other serious or irreparable harm for incidents, such as sexual assault, requests for protection, extortion, or medical emergencies. *Screening criteria and extensions may not be applied.*

Extension- Additional time granted to complete an investigation. Each grievance that is extended, the time allotted would double the original time frame. An extension should be exception not the rule. Emergency grievances are not eligible for extensions.

Extortion- The appropriation of currency or property by coercion, violence, or the threat of violence with intent to deprive the owner of the currency or property; or demands the performance of an action by coercion, violence, or the threat of violence.

Grievance- Is a formal written complaint from an offender.

Unit grievance staff - Is defined as the Unit Grievance Investigator (UGI), alternate UGI, and grievance clerical staff assigned to the Grievance Department. An alternate UGI is further defined as a staff member, designated by the warden, who has: been trained by grievance staff; issued an assigned investigator ID number; granted GR00 Case Tracking System access; is knowledgeable about the grievance process; and who can function as the grievance investigator in the UGIs absence.

GR00 Case Tracking System-The TDCJ Mainframe computer database utilized to track all offender grievances.

Issue codes- A numerical code assigned to a grievance that identifies the offender's issue.

OIG- Office of the Inspector General.

Offender- Generic term that applies to a person under the supervision of TDCJ or a CSCD.

Offender Protection Investigation- (OPI) -A formal administrative investigative report documenting facts and findings associated with offender allegations of sexual abuse, threats of sexual abuse, extortion, violence, and threats of violence by another offender.

Outcome codes- An alphabetic code assigned to a grievance that identifies an action taken to address an offender's issue.

Prison Rape Elimination Act (PREA) Ombudsman- An appointed official who coordinates the agency's efforts to eliminate sexual assault in TDCJ correctional facilities, and provide an independent office to receive and respond to allegations of sexual assault.

Property- Any item authorized by TDCJ policy for possession by an offender, to include Inmate Trust Fund Accounts.

Protective Custody - An Administrative Segregation status designed to provide the ultimate protection of offenders. For their safety, protective custody offenders are housed in accordance with the Administrative Segregation Plan. This status is usually associated with serious, direct, proven threats on an offender's safety.

Regular grievances- Any grievance that does not identify an emergency related issue or problem.

Repetitive emergency grievances – Any grievance that has been previously identified and addressed in another grievance.

Reported excessive/unnecessary Use of Force – a **documented** use of force that is reported to be excessive and unnecessary

Reprisal – Is any coercion, threat, or harassment against anyone for the use of, or participation in, the offender grievance procedure.

Resolution Code- A numeric code assigned to grievances that describes the specific action taken to address an offender's issue.

Resolution Support Manager-The position in the Administrative Review and Risk Management Division responsible for oversight of Access to Courts, Offender Grievance and the Ombudsman Program.

Safekeeping - Safekeeping is designed for offenders identified as being more vulnerable than the average general population offender. Unlike Protective Custody, Safekeeping offenders go to work, school, and other activities with the general population offenders.

Safe Prisons Program-The TDCJ program established to prevent and limit the number of offender-on-offender sexual assaults.

Screening criteria- Established criteria that may be applied to regular grievances, to ensure that the offender has used the grievance program responsibly.

Sexual Abuse by offender (008) (Includes contact between the penis and vulva or the penis and anus, including Penetration, however slight; contact between the mouth and penis, vulva, or anus; penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse). which includes sexual assault, sexual fondling, and sexual harassment.

Sexual Abuse by staff (011)- (Includes contact between the penis and the vulva or the penis and anus, including penetration, however slight; contact between the mouth and the penis, vulva, or anus; contact between the mouth and any body part where the staff member, employee, volunteer, contract employee, official visitor, or agency representative has the intent to abuse, arouse, or gratify sexual desire with or without consent of the offender; and any display by a staff member, employee, volunteer, contract employee, official visitor, or agency representative of his or her uncovered genitalia, buttocks, or breast in the presence of an offender).

Sexual Fondling by offender (009) - ***ALLEGATIONS OF SEXUAL CONTACT BY ANOTHER OFFENDER*** (Any intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner-thigh or the buttocks of another offender, excluding contact incidental to a physical altercation).

Definitions

Sexual Fondling by staff (012) ***ALLEGATIONS OF SEXUAL CONTACT BY STAFF*** (Any other intentional contact either directly through the clothing, of or with the genitalia, anus, groin, breast, inner-thigh or the buttocks, that is unrelated to official duties or where the staff member, employee, volunteer, contract employee, official visitor, or agency representative has the intent to abuse, arouse, or gratify sexual desire).

Sexual Harassment by offender (010)- (Unwelcome sexual advances, requests for sexual favors or Verbal comments, gestures or actions of a derogatory or offensive sexual nature by on one offender directed toward another offender.

Sexual Harassment by staff (013)- ***(ALLEGATIONS OF STAFF SEXUAL HARASSMENT / NON CONTACT SEXUAL ABUSE*** *(Sexual Harassment includes-Verbal statements, comments of a sexual nature; demeaning references to gender, derogatory comments about body or clothing; or gestures to an offender. Non-Contact Sexual Abuse is- any attempt, threat, or request to engage in sexual abuse or sexual contact, by a staff member, employee, volunteer, contract employee, official visitor, or agency representative)*

Signature Authority- Step 1 – Warden, Asst. Warden, Health Services Administrator, Unit Practice Manager, Director of Nursing or Nurse Administrator, as appropriate.

Step 1 grievance- An I-127 form designed for an offender to file the first step of the grievance process.

Step 2 grievance- An I-128 form designed for an offender to file the last step of the grievance process.

Third Party – a fellow offender or non-incarcerated person -staff members, family members, attorneys, and outside advocates.

Third Party Grievance- Is a written allegation of sexual abuse, sexual assault, sexual contact or sexual harassment submitted by a third party on behalf of an offender.

Voyeurism by staff (005)- *(An invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions).* ***(Send to OIG if evidence supports allegations).***

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Records Disposition Log

When the Texas Department of Criminal Justice has retained records for the period specified in the TDCJ *Records Retention Schedule*, the records shall be prepared for final disposition, which will either be the destruction of the records or their transfer to the state archivist for review and archiving. Provide the required information in the table below for each record series. Return original to:

TDCJ Records Management Officer
Executive Services

U.S. Mail:
P.O. Box 99
Huntsville, TX 77342-0099

Truck Mail:
TDCJ Headquarters Complex
Huntsville

Agency Item No.	Record Series Title	Retention Period	Date Range of Records (detailed description not required)	Disposition	Signature Authorizing Disposition	Disposition Date

Signature of Person Performing Disposition

Unit/Division/Department Name

Signature of Warden/Division Director/Department Head or designee

( ) Phone

Date Submitted

ED-02.29 (rev. 1)
Attachment A
Page 5 of 5

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
OFFENDER GRIEVANCE
STAFF USE OF SLURS OR HOSTILE EPITHETS
Referral Form

_____

(Location: Unit, Regional Office, or Central Grievance Office [CGO])

Instructions: **A referral regarding allegations of staff Use of Slurs/Hostile Epithets (PD-22, 14b.) may be identified at any time during an offender grievance investigation. When it is determined that a referral is required, Offender Grievance investigators shall inform the warden; complete this notification form; acquire a signature; and fax a copy of the grievance and staff statements to the Employee Relations Intake Department in Huntsville for TDCJ employees, or the appropriate department for contract employees at the number listed below (*treatment program contract employees are also referred to the Private Facility Contract Monitoring and Oversight Division (PFCMOD*).**

Human Resources information regarding employees is confidential; therefore, this form will serve as notice that a referral was made as required by policy. The information listed below regarding the referral is the only documentation that is to be included with an offender grievance.

Offender: _____ TDCJ #: _____ Grievance #: _____
Print Name

Information regarding the possible use of racial slurs and/or hostile epithets by staff is contained within the above listed offender grievance form. The information was referred on _____ to:
Date

(Check the applicable box)		**Telephone**	**Fax**
☐	Employee Relations Intake Department – TDCJ Employees	936-437-4240	936-437-3105
☐	PFCMOD Headquarters Office – PF Employees	936-437-7172	936-437-2873
☐	Rehabilitation Programs – Treatment Employees (e.g., SATP)	936-437-7172	936-437-2873
☐	Office of Professional Standards – UTMB/Texas Tech Employees	936-437-3533	936-437-3659
☐	Windham School District General Counsel – WSD Employees	936-291-5304	936-437-3105

_____
Warden or Designee, Regional or CGO Printed Name

_____
Warden or Designee, Regional Staff or CGO Signature

NEW EMPLOYEE TRAINING VERIFICATION
ADMINISTRATIVE REVIEW & RISK MANAGEMENT
OFFENDER GRIEVANCE

Instructions: Complete this form at the conclusion of initial training for each new employee in Unit Grievance Offices, Regional Grievance Offices and the Central Grievance Office. Training is required within 30 days of each employee's selection date. For those employees required to attend the Training Academy, provide the dates of attendance, mark N/A if the employee was not required to attend. Training is then required within 30 days from the date the employee reported to the grievance office. Staff may be required to take accrued time after the conclusion of the academy. Unit grievance staff will forward the original completed form to the Regional Grievance Supervisor who will maintain the form in a file. The Regional Grievance Supervisor will submit a copy to the Central Grievance Office by the fifth of each month for those employees whose training has been completed.

Position Selection Date: _____

Training Academy Dates: _____

Position Report Date: _____

Training Date(s) _____

Training Instructor(s) _____

_____

I _____ have received training regarding the
Print Name

- Offender Grievance Operations Manual (OGOM)
- GR00 Tracking System
- TDCJ Mainframe

_____ _____
Signature **Date**

_____ _____
Position Title **Unit**

ADMINISTRATIVE REVIEW & RISK MANAGEMENT
OFFENDER GRIEVANCE OPERATIONS MANUAL REVIEW

EMPLOYEE VERIFICATION

I _____ have read the *Offender Grievance Operations*
Print Name

Manual (OGOM) and understand the procedures for processing grievances and entering data into the GR00 Case Tracking System.

_____ _____
Signature **Date**

_____ _____
Position Title **Unit**

Third Party Grievance # _____
Grievance # _____
Issue Code _____

Third Party Preliminary Investigation

An allegation has been made on your behalf, indicating that you may be a victim of sexual assault, sexual abuse, sexual contact, or sexual harassment.

Indicate in the space below the action you wish the agency to pursue.

Yes_____ I agree to have the request investigated on my behalf.

No_____ I do not agree to the request filed on my behalf.

If yes, you will be provided an I-127, grievance form with instructions on how to write and submit grievances and the investigation will begin immediately to ensure your safety.

Sign and date the form in front of two staff witnesses.

Offender Signature & TDCJ #	Offender Printed Name	Date
Witness Signature	Witness Printed Name	Date
Witness Signature	Witness Printed Name	Date

Note: If an interpreter is needed, one of the witnesses must be a certified interpreter.

RESOLUTION CODES

A resolution code is a code assigned to grievances that describes the specific action taken to address an offender's problem. Central Grievance Office has developed additional codes to further identify information regarding the resolution of offender grievances. Resolution codes describe what action was taken to resolve grievances and shall be used in conjunction with outcome codes. The numeric resolution code shall correspond with the appropriate alphabetic outcome code.

C **Administratively Closed**

1.00 Administratively Closed

D **No Corrective Action Required**

2.01 Agency Policy/Rules/Regulations/Procedures appropriately applied

2.02 Claims not supported by evidence

2.03 Grievance previously addressed

2.04 Not satisfied with property settlement offer

2.05 Agency program access appropriate

H **Unprocessed Returned to Offender for correction**

3.00 Unprocessed returned to offender for correction

O **Referred to Employee Relations**

4.00 Referred to Employee Relations

R **Corrective Action Taken**

5.01 Unit transfer/housing change/job change/custody change

5.02 Administrative action taken

5.03 Policy/procedure/rules/practice changed

5.04 Religious services provided/corrected/implemented

5.05 Individual Treatment Program provided

5.06 Records correction

5.07 Mailroom services provided

5.08 Offender telephone system access provided

5.09 Disciplinary overturned/modified

5.10 Inmate Trust Fund account reimbursed/credited/commissary services provided

5.11 General cleaning/sanitation provided

5.12 Meal plan/Medical diets provided/implemented

5.13 Clothing/necessities provided

5.14 General maintenance repair/work order

5.15 Major maintenance repair/request (for items > $10,000)

5.16 Building activities resumed/restored

5.17 Property returned/replaced/settlement provided

5.18 Medical service access provided

5.19 Medical co-pay reimbursement

5.20 Medication access provided

5.21 Medical restriction provided

5.22 Medical records corrected

5.23 Access to Courts/indigent/ services provided

T **Referred to the Office of the Inspector General**

6.00 Referred to the Office of the Inspector General

U **Reported Use of Force**

7.00 Reported Use of Force

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

OFFENDER GRIEVANCE PROGRAM

NOTICE

All documentation that follows this sheet is restricted and confidential and is not to be released without the authorization of the administrator of offender grievances.

RESTRICTED AND CONFIDENTIAL