

EMERGENCY & INFORMAL COMPLAINT FORM

Emergency Grievance Filing Timelines: as soon as possible | **Staff Response:** supervisor response within 8 hours

If emergency is outside of your authority to address, please forward to Shift Supervisor

Informal Grievance Filing Timeline: within 10 business days from incident | **Staff Response:** within 48 hours

If the informal complaint is outside of your authority to address, please forward to Shift Supervisor

Grievant (Section 1)

Grievant Name: _____ (Print name) DOB: _____

Facility/Field Office: _____ Living Unit: _____ Date: _____

Please check all that apply to your emergency grievance:

- Staff Misconduct
- Threat of Death or Injury
- Threat of Disruption of Facility or Field Operations
- A need for Speedy Resolution to ensure Meaningful Action is Possible.

Issue/Complaint:

Grievant's Proposed Solution:

Staff (Section 2)

Receiving Staff Print and Sign: _____ Date: _____ Time: _____

Is this an emergency? Yes No

Supervisor Signature: _____ Date: _____ Time: _____
(Correctional staff printed name & signature)

Please process as an informal complaint if the grievance is not an emergency.

Does this grievance meet the eligibility requirements of the Grievance Policy 320.01?

- Yes No **If no, return to the individual with explanation for ineligibility.**

Response from Staff: _____

Responding Staff: _____ Date: _____ Time: _____
(Correctional staff printed name & signature)

Grievant (Section 3)

I agree to the Plan for Resolution Yes No

Grievant's Signature: _____ Date: _____ Time: _____

If you are not satisfied with the response, file a formal grievance within fourteen (14) business days of receiving this response and attach a copy of this informal grievance.

CC: two copies to the grievant, one copy to Grievance Coordinator for data entry into OMS.