

New York State Department of Corrections and Community Supervision

PAROLEE GRIEVANCE PROGRAM (DIRECTIVE #9402)

STEP ONE – PAROLEE GRIEVANCE COMPLAINT FORM

One (1) "Grievance Continuation Form," #9402ECS, may also be used.

Name: _____ DIN: _____ Phone #: _____

Address: _____

Bureau: _____ Date: ____ / ____ / ____.

Describe the problem. Include date and time the incident occurred, names of staff involved, description of any evidence, and names of any witnesses. **Name the person(s).** WHAT did they do? WHEN did they do it? WHERE did this happen? And WHAT have you done so far to get the problem resolved? _____

(Use "GRIEVANCE CONTINUATION FORM," #9402ECS, if necessary)

ACTION REQUESTED: _____

PAROLEE SIGNATURE: _____

By my signature, I waive confidentiality to any records necessary to investigate and resolve my complaint and certify the truth of all my statements herein.

DO NOT WRITE BELOW THIS LINE

SPO Decision: The action you request is / is not appropriate because: _____

Requested action is granted / denied. You have the right to grieve if this response does not satisfy you.

RESPONDENT'S SIGNATURE

Name (Print)

DATE

I acknowledge that I have received this decision.

PAROLEE'S SIGNATURE

DATE RECEIVED

AN APPEAL USING FORM #9402CCS MUST BE SUBMITTED TO THE BUREAU CHIEF VIA U.S. MAIL OR VIA THE COMMUNITY SUPERVISION SHARED MAILBOX (E-MAIL) WITHIN SEVEN (7) CALENDAR DAYS AFTER RECEIPT OF THE SENIOR PAROLE OFFICER'S WRITTEN DECISION. ATTACH COPIES OF ALL PERTINENT INFORMATION.

Do not write in this space			
Non-Grievable	EMERGENCY	Staff Conduct	Operational procedure
Received by: _____		Date: _____	Log. No.: _____