



(59)

Inmate Administrative Remedy Form

Connecticut Department of Correction

1659

CN 9602
REV 1/31/09

Facility/Unit:

N.C.I.

Date:

4-11-12

Inmate name:

Inmate number:

SECTION 1**SELECT ADMINISTRATIVE REMEDY A, B or C BELOW.**

Follow the instructions (for property claims, complete form CN 9609, Lost/Damaged Property Investigation Form and deposit in the 'Administrative Remedies' box).

A. ☐ I am filing a Grievance.

Prior to filing a grievance, you must attempt informal resolution. Attach a copy of CN 9601, Inmate Request Form with the staff member's response OR state in Section 4 the reason why the form is not attached. Grievances must be filed within 30 days of the occurrence or discovery of the cause of the grievance. > Refer to Section 2 below

B. ☐ I am requesting a Health Services Review:☐ Diagnosis/Treatment >☐ All Other Health Care Issues >

> Complete Section 4 >>>>

C. ☐ I am filing an Appeal of a (select one below):

Appeals must be filed within 15 days of notification of a decision.

☐ Disciplinary Action >

> Complete Section 3 below

☐ Special Management Decision >☐ Classification Decision >☒ Media Review Committee Decision >☐ Furlough Decision >

> Complete Section 4 >>>>

☐ Security Risk Group Designation >☐ ADA Decision >☐ Determination of Grievance Process Abuse >☐ Rejection of Outside Tapes/CDs >**SECTION 2****OTHER REQUIREMENTS FOR USING THE INMATE ADMINISTRATIVE REMEDY PROCEDURE**

Read and comply with the instructions below, then complete Section 4 (State the Problem) on the reverse side. >>>

- Only one request for an administrative remedy must be submitted on this form.
- The request for an administrative remedy and the action sought should be stated simply and coherently.
- The length of this request for an administrative remedy shall be restricted to the space available in Section 4 and one (1) additional 8 1/2 x 11 inch page.
- This request for an administrative remedy must be free of obscene or vulgar language or content.
- This request for an administrative remedy must be filed by the inmate who is personally affected by the subject of the request and shall not be filed by an inmate on behalf of another.
- A repetitive request for administrative remedy may not be filed by the same inmate when a final response has been provided and there has been no change in any circumstances that would affect the response; or when the initial request for an administrative remedy is still in process.

SECTION 3**DISCIPLINARY SECTION – Complete this Section for a Disciplinary Appeal ONLY**

You may file a Disciplinary Appeal ONLY if you have pleaded not guilty and have been found guilty at a disciplinary hearing. If so, complete this section; then complete Section 4 (State the Problem) on the reverse side. >>>

Offense:

Report date:

Facility where hearing was conducted:

Date of hearing:

Did you have an advocate? ☐ yes ☐ no

If yes, name of advocate:

Did you identify witness(es) to the investigator? ☐ yes ☐ noDid your witness(es) testify? ☐ yes ☐ no

Name(s) of any witness(es):

APR 13 2012

CONFIDENTIAL

(FOR OFFICIAL USE ONLY)

Inmate name:

Inmate number:

Housing:

SECTION 4**STATE THE PROBLEM AND REQUESTED RESOLUTION**

Provide any factual information that is applicable, including any responses from staff. State the action that you think should be taken to resolve the problem. PLEASE PRINT.

REJECTION NOTICE DATED 4-9-12

THIS IS AN APPEAL OF BOOK REVIEW DECISION TO REJECT, MY JAN/FEB 2012 ISSUE OF UNDER LOCK AND KEY NO. 24. THE REJECTION WAS AND IS TOTALLY VAQUE, IT DOES NOT STATE WHAT EXACTLY IS THE CRITERIA FOR THE REJECTION, AND NEITHER DOES IT EXPLAIN WHY THE ENTIRE PUBLICATION WAS REJECTED. I CONTEND THAT SUCH A BLANKET REJECTION IS AN INFRINGEMENT UPON MY FIRST AMENDMENT AND FOURTEENTH AMENDMENT. AND WHY WASN'T THE NOTICE COMPLETED STATING IN PART OR ENTIRETY

- ① CLARIFY WHAT WAS OBJECTIONABLE
- ② WHY REJECT THE ENTIRE PUBLICATION
- ③ WAS THE PUBLISHER NOTICIFIED OF SAID REJECTION AND GIVEN AN OPPORTUNITY TO APPEAL THE REJECTION AS STATED BY POLICY.

Inmate signature:

Date:

4-11-12

For all remedies except health services, deposit this form in the Administrative Remedies box.
For a health services issue, deposit this form in the Health Services box.

SECTION 5**DECISION / OFFICIAL USE ONLY - DO NOT WRITE IN THE SPACE BELOW**

Date Received:

IGP #:

T#:

Disposition:

Denial

Date of Disposition:

Reason:

See attached memo

THE ATTACHED MEMO, UPHOLD THE REJECTION--

☐ You have exhausted DOC's Administrative Remedies.☐ This matter may be appealed to:

Signature:

Din. K. W.

Date:

4/24/12