WARDEN'S/SUPERINTENDENT'S REJECTED GRIEVANCE RESPONSE

Offender's Name: **Grievance Number:**
GDC#: **Facility:**

This grievance revealed that you failed to follow the proper procedure for filing the formal grievance; therefore, this grievance is rejected for the following reason(s):

- ❑ **Does not personally affect the offender.**
- ❑ **Matters over which the Department has no control, including parole decisions, sentences, probation revocations, court decisions, and any matters established by the laws of the state.**
- ❑ **Disciplinary actions, including any warnings, sanctions, fees, or assessments. The disciplinary appeal procedure is located in SOP 209.01, Offender Discipline.**
- ❑ **Involuntary assignments to Administrative Segregation. The procedure to appeal such assignment is located in SOP 209.06, Administrative Segregation.**
- ❑ **Co-pay charges assessed for health care. The procedure to appeal such charges is located in SOP 507.04.03, Offender Health Concerns or Complaints.**
- ❑ **Transfers of offenders between institutions.**
- ❑ **Housing assignments, program assignments, security classifications or work assignments, unless there is an alleged threat to the offender's health or safety. The procedure to appeal such assignments is located in SOP 220.03, Classification Committee.**
- ❑ **Special Religious Requests that request a special religious accommodation outside the accommodations allowed for by policy. The procedure to file a Special Religious Request is located in SOP 106.11, Religious Accommodations.**
- ❑ **Allegations of Sexual Abuse and/or Sexual Harassment shall be forwarded to the Sexual Abuse Response Team (SART) and processed in accordance with SOP 208.06, Prison Rape Elimination Act – PREA Sexually Abusive Behavior Prevention and Intervention Program.**
- ❑ **Grievance was filed out of time frames as outlined in policy.**
- ❑ **Grievance included threats, profanity, insults, or racial slurs that are not part of the offender's allegation.**
- ❑ **Grievance contained more than one issue/incident.**
- ❑ **Grievance contained extra pages other than those allotted and had writing on the backside of a page.**
- ❑ **Goal Devices including issuance, usage, access, loss or termination of privileges, repair or replacement of the tablets, etc. <u>(DOES NOT INCLUDE CENSORED EMAIL, WHICH IS GRIEVABLE)</u>**

_____ _____
Warden's Signature **(Date)**

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

_____ _____
Offender's Signature **(Date)**

You have seven (7) calendar days within which to appeal this Response to your Grievance Coordinator.
If the last day is not a business day at your institution, you may file it on the next day that is a business day.

Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.