



5-12/000.00 INMATE COMPLAINT/SERVICE REQUESTS

Any inmate within Custody Operations and Correctional Services Divisions may submit a complaint or request for service relating to any condition of confinement using the Inmate Complaint/Service Request Form (SH-J-420 Rev. 5/07).

NOTE: For the purpose of this policy, the terms “grievance” and “complaint” are synonymous.

Complaints or requests for service relating to a condition of confinement may include, but are not limited to, medical/mental health services; complaints against staff; classification actions; disciplinary actions; program participation; chaplain services; telephone; mail; visiting procedures; food, clothing, and bedding; facility conditions; inmate money accounts; inmate property issues; and commissary.

A complaint must be submitted by or on behalf of the inmate, whether in custody or not, within 15 calendar days after the event upon which the complaint is based, or the complaint will be denied. In the event that custody personnel receive a complaint or request for service that is not written on an Inmate Complaint/Service Request Form (SH-420), the employee is responsible for returning the request to the inmate and providing the inmate with the proper form, with the exception of “basic” inmate requests for service or information (see Inmate “Basic Requests” for Service or Information). Use of the LASD Inmate Complaint/Service Request Form is mandatory for all inmates in custody. Each housing area will have a locked repository accessible to inmates to deposit their completed form without interference. Complaints submitted after the 15 calendar day requirement will be accepted for statistical purposes; however, the complaint will be denied and automatically issued the “50” - late submission, disposition code.

Administrative Process for Inmate Complaint/Service Requests

Assigned floor supervisors shall collect the Inmate Complaint/Service Request Form from the locked repositories on each shift and ensure the inmate has taken their copy of the form. Floor supervisors shall document in the Uniform Daily Activity Log (UDAL) indicating that the forms were collected for the shift. All Inmate Complaint/Service Request Forms shall be immediately reviewed by the collecting supervisor, and have a reference number assigned for all complaints and services requests that will be handled by that particular facility. Any “basic” inmate requests for service or information that are submitted on an Inmate Complaint/Service Request Form shall be handled via the procedures listed under the section, Inmate “Basic Requests” for Service or Information, and shall not require a reference number.

The supervisor shall separate all complaint/requests that can be investigated and resolved by line personnel and place these complaint/requests into the Watch Sergeant's in-box. The Watch Sergeant or his/her designee shall assign the complaint/requests to personnel to investigate and resolve. If the complaint or request involves conditions or personnel at another facility, the facility receiving the complaint shall facsimile the

form to the concerned facility's unit commander and mail the original.

It shall be the handling unit's responsibility to obtain a reference number and process the complaint or request.

If a form is submitted with more than one complaint or request involving the receiving unit and another unit, the supervisor shall obtain a reference number for the complaint or request involving his/her unit. The supervisor shall then facsimile the form to the unit commander of the second unit, who will then obtain their own reference number and process the portion of the complaint or request that involves their unit.

Group Complaints

For the purpose of this policy a group complaint is defined as any complaint submitted by three (3) or more inmates confined in the same housing location, referencing the same or similar complaints. All group complaints shall be collected and assigned only one reference number as opposed to individual reference numbers. Group complaints shall be identified and entered into the reference number log and the Facility Automated Statistical Tracking (F.A.S.T.) System accordingly.

Inmate Requests for Service

Requests for service or information received by a supervisor, may include, but are not limited to, medical/mental health services; educational or vocational programs; inmate worker classification; chaplain services; and commissary. These requests must be submitted on an Inmate Complaint/Service Request Form (SH-J-420) and require a reference number.

Requests pertaining to a medical or mental health issue shall be handled without delay. If an emergency medical condition exists with the inmate, the inmate shall be escorted immediately to the clinic area.

The supervisor handling the request shall:

- Time stamp the form in the upper right corner;
- Make a photocopy of the form;
- Deliver the photocopy to the on-duty clinic supervisor;
- Retain the original complaint form and place it into the Inmate Complaint/Service Request Coordinator's tray at their particular facility.

NOTE: Requests concerning mental health issues: The facility's clinic shift supervisor will forward the complaint or request to Jail Mental Health Services.

Inmate "Basic Requests" for Service or Information

For the purpose of this policy, the term "Basic Requests" refers to simple requests that a module or line officer can quickly obtain, such as, but not limited to: release date, next court date, sentence status, inmate money accounts, and requests for supplies such as an inmate admission kit.

Basic requests may be investigated and resolved by any Custody Assistant, Deputy Sheriff, Senior Deputy, or Sergeant. These requests are not required to be written on an Inmate

Complaint/Service Request Form (SH-J-420) and will not require a reference number. Basic requests shall be completed in a reasonable amount of time and will not require further process.

Inmate Complaints

Complaints shall only be investigated by supervisors with the rank of Sergeant or above. The assigned supervisor (rank of Sergeant or above) shall conduct a thorough investigation and take all necessary steps to determine if the complaint is founded or unfounded. Complaints should be investigated and resolved within 10 business days, or as soon as reasonably possible.

Findings resulting from an investigation in response to an inmate complaint generally fall into one of six categories:

- Founded - When the investigation establishes that the allegation is true and/or when the action on the part of the Department member(s) is prohibited by law or by Department policy,
- Unfounded - When the investigation clearly establishes the allegation is not true or when the actions of the Department member, which formed the basis for the complaint, are not violations of law or Department policy, and are otherwise not censurable,
- Unresolved - When the investigation fails to resolve the complaint, and there is no preponderance of evidence to either affirm or refute the inmate's allegation/complaint,
- Unit Level Investigation - Allegations of misconduct are forwarded to the unit commander for investigation and disposition,
- Internal Affairs Bureau Investigation (IAB)- Allegations of misconduct are forwarded to Internal Affairs Bureau for investigation and disposition,
- Internal Criminal Investigations Bureau Investigation - Allegations of criminal misconduct are forwarded to the Internal Criminal Investigations Bureau for investigation.

NOTE: Refer to Complaints Against Personnel below.

Resolution of the Complaint

Once the results of the complaint investigation have been determined, the assigned supervisor shall complete the "Disposition" section on the Inmate Complaint/Service Request Form. A written response shall be delivered to the inmate generally within 10 business days after the submission of the complaint. A written response shall be provided for any approval or denial of a complaint. This requirement shall be satisfied by providing the inmate a copy of the final disposition of the Inmate Complaint/Service Request Form.

Inmates shall sign the original or facsimile copy (if forwarded from another unit) of the Inmate Complaint/Service Request Form to document receipt of the written response as stated in Title 15 Section 1073, "Inmate Grievance Procedure." However, if the complaint was previously addressed as the result of a court order or other governmental referral, it is not mandatory to summon the inmate for his/her signature. If the inmate is released prior to the completion of

the complaint, it shall be noted in lieu of the inmate's signature.

For complaints relating to inmates that have been released, after the submission of a complaint, the assigned supervisor shall note in the "Disposition" section that the inmate has been released. A copy of the disposition should be forwarded to the released inmate's listed mailing address. Once the complaint has been resolved and signed by the inmate (if applicable), the Inmate Complaint/Service Request Form shall be placed into the facility's Inmate Complaint/Service Request Coordinator's in-box for further processing.

NOTE: The Inmate Complaint/Service Request Coordinator shall ensure that the receipt of the written response is properly entered in the F.A.S.T. system. The Inmate Complaint Disposition Data Form, SHJ-438, shall no longer be used, with the exception of Referred Inmate Complaints. The SHJ-438 information now is captured on the back of the Inmate Complaint/Service Request Form. Additionally, all Inmate Complaint/Service Request Forms, SH-J-420, dated prior to May 2007, shall not be used and must be discarded.

Complaints From Released Inmates

Inmate complaints received from persons that have been released from custody shall be processed on an Inmate Complaint/Service Request Form (not a Watch Commander Service Comment Report form) pursuant to Manual of Policy and Procedures, section 3-04/010.05, "Procedures for Department Service Review." Complaints submitted from former inmates shall be subject to the same guidelines, requirements and procedures as a complaint submitted by an inmate in custody.

Referred Inmate Complaints

In the event an inmate is unable to submit a complaint, a complaint may be submitted by a non-involved or non-aggrieved party; i.e., an inmate's friend, relative, etc. on behalf of an inmate. Referred inmate complaints shall be processed pursuant to Custody Division Manual section, 5-12/020.00, "Referred Inmate Complaints." Referred inmate complaints shall be subject to the same guidelines, requirements and procedures as a complaint submitted by an inmate in custody.

Complaints Against Personnel

The results of an investigation pertaining to an inmate complaint, that involves the conduct of personnel, shall not be disclosed in any form, including written responses to inmate complaints. The reviewing supervisor shall advise the inmate, in writing, of the disposition of a complaint against any personnel or any results of inquiries pertaining to personnel conduct. The information disclosed to the inmate shall be limited to the following information:

- Acknowledgment of the complaint,
- Statement that the investigation was completed,
- Assurance that the appropriate administrative action has been taken.

Note: For unfounded or unresolved complaints against staff, the disclosure shall be limited to the following response: "Your complaint has been thoroughly investigated; however, we were unable to substantiate that (employee's name) violated any of our Department policies and procedures."

When an inquiry into the conduct of any personnel results in the initiation of a unit level or IAB investigation, the supervisor conducting the inquiry into the inmate complaint shall complete the "Disposition" section of the Inmate Complaint/Service Request Form, indicating the disposition as "Unit Level Investigation" or "Internal Affairs Bureau Investigation."

Jurisdiction of Complaints

Any question of complaint jurisdiction within a jail facility shall be determined by the unit commander. Any question of jurisdiction within the Custody Operations Division shall be determined by the Division Chief.

Retention of Original Inmate Complaints

Pursuant to Custody Division Manual section 4-13/000.00, Custody facilities shall retain all inmate complaints for five (5) years. Additionally, all inmate requests requiring a reference number shall be retained for five (5) years.

Appeal Process for Complaints

Inmates must submit an appeal from a denied complaint within five (5) calendar days of receiving the written disposition regarding their complaint, or they will be denied. Appeals shall be submitted on the Inmate Complaint Appeal Form (SH-J-446). The appropriate supervisor (watch commander, medical supervisor, mental health supervisor, or food production supervisor) shall make the final determination of the resolution for the appeal.

Inmates shall be advised, in writing, of the disposition of their appeal within 10 business days after the submission of the appeal. The unit commander or his designee, shall review all inmate complaint appeals to ensure a thorough investigation has been conducted and the appropriate disposition has been rendered.

Extensions

The Unit Commander, or their designee, may extend time deadlines for the submission or disposition of a complaint or appeal in the event of an emergency situation or when there is an extended disruption of normal facility operation.

Revised 04/01/08
Revised 08/16/07
12/10/01 CDM

**COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT
INMATE COMPLAINT / SERVICES REQUEST FORM**

Instructions:

Fill out the portion below as completely as possible. Place an "X" in the appropriate box. Once completed, tear off the last copy for yourself and then place the original and the second copy into the "Request / Complaint Form" box. Some of the choices may or may not apply to you or your facility.

Only one request per form.

INMATE NAME	BOOKING #	FACILITY	HOUSING LOC.	DATE

I WOULD LIKE TO SPEAK WITH A:

<input type="checkbox"/> Medical Staff regarding:	Inmate Services	<input type="checkbox"/> Other:
<input type="checkbox"/> Mental Health (Circle all that apply) Speak to a clinician, inquire about medication, or other: _____	<input type="checkbox"/> Chaplain: Religious Preference _____	_____
<input type="checkbox"/> Dentist regarding:	Language _____	_____
<input type="checkbox"/> Release Planner from the Community Transition Unit (Circle all that apply). Information on any court ordered classes (domestic violence, parenting, substance abuse assistance), education programs, job training, housing, medical health, mental health, transportation to a shelter or drug rehab programs, social security benefits, or religious services.	<input type="checkbox"/> Education Representative <input type="checkbox"/> V.A. Representative	_____

REQUEST TO SPEAK WITH THE APPROPRIATE PERSON REGARDING:

<input type="checkbox"/> Becoming an inmate worker.	<input type="checkbox"/> Attending school while in custody.	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Becoming an inmate station worker.	<input type="checkbox"/> Attending substance abuse treatment while in custody.	<input type="checkbox"/> Voter Information

REQUEST FOR INFORMATION:

<input type="checkbox"/> When is my release date?	<input type="checkbox"/> When is my next court date?	<input type="checkbox"/> What is my account balance?	<input type="checkbox"/> Other: _____
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I WOULD LIKE TO RECEIVE:

<input type="checkbox"/> Haircut (Indigent / No Funds)	<input type="checkbox"/> Writing materials (Indigent / No Funds)	<input type="checkbox"/> Commissary	<input type="checkbox"/> Shoes	<input type="checkbox"/> Other: _____ Specify
<input type="checkbox"/> Library time (May or may not apply to your facility)	<input type="checkbox"/> Law Library time	<input type="checkbox"/> Legal forms _____ Specify		

I HAVE THE FOLLOWING REQUEST / COMPLAINT:
(If this is a complaint, include dates, times, and names of persons involved. Attach additional pages if needed.)

-----FOR DEPARTMENT USE ONLY --DO NOT WRITE BELOW THIS LINE-----

Assigned To: Medical Services Dental Mental Health Food Services Inmate Services CTU

Name of Person Handling Request / Complaint For Service	Employee #	Date	Signature	DMB #

Name Of Person Handling Request / Complaint For Service Request For Service Personnel Complaint Service Complaint Other Facility

Name of Person Handling Request / Complaint For Service	Employee #	Date	Signature	DMB #

DISPOSITION

THE ABOVE HAS BEEN DISCUSSED WITH ME AND I HAVE BEEN ADVISED OF THE FINDINGS

Name of Person Handling Request / Complaint For Service	Employee #	Date	Signature	DMB #

White - Facility

Yellow - Inmate copy at time of disposition

Pink - Inmate copy at time of submission

