



Department of Public Safety and Correctional Services

DIVISION OF PRETRIAL DETENTION AND SERVICES OFFICE OF THE COMMISSIONER

400 E. MADISON STREET - BALTIMORE, MARYLAND 21202
(410) 209-4290 • FAX (410) 209-4250 • TOLL FREE (866) 274-0105 • V/TTY (800) 735-2258 • www.dpsscs.state.md.us

STATE OF MARYLAND

MARTIN O'MALLEY
GOVERNOR

ANTHONY G. BROWN
LT. GOVERNOR

GARY D. MAYNARD
SECRETARY

G. LAWRENCE FRANKLIN
DEPUTY SECRETARY

THOMASINA HEIRS
ASSISTANT SECRETARY/
CHIEF OF STAFF

DIVISION OF PRETRIAL
DETENTION AND SERVICES

HOWARD RAY, Jr.
COMMISSIONER

BENJAMIN F. BROWN, CCE
DEPUTY COMMISSIONER

RENARD E. BROOKS
ASSISTANT COMMISSIONER

CHANGE NOTICE

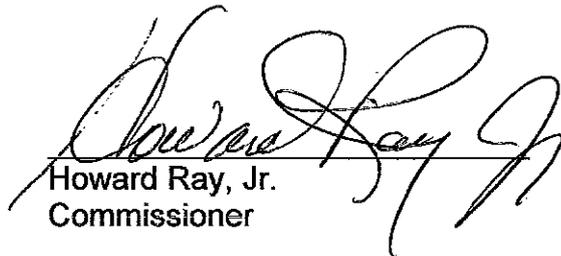
PDSD #180-4

Date: June 20, 2008

Title: Adult Help Request Process

Effective Date: October 8, 2008

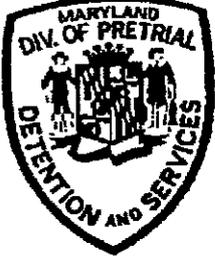
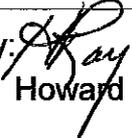
1. Please replace Attachment A, page 3 of 3, with the enclosed revision.
2. Update all PSDS copies and Table of Contents accordingly.
3. Inform all appropriate staff of this change.



Howard Ray, Jr.
Commissioner

Distribution "B"
PDSD #259-94

STATE OF MARYLAND
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES
DIVISION OF PRETRIAL DETENTION AND SERVICES

	Pretrial Detention and Services Directive Number: 180-4
	Program: Grievances
	Title: Adult Help Request Process
	Effective Date: June 20, 2008
	Approved by:  Howard Ray, Jr., Commissioner

.01 Purpose.

To establish an informal complaint system specifically for the resolution of those complaints filed by residents.

.02 Scope.

The Division of Pretrial Detention and Services

.03 Policy.

It is the policy of DPDS that residents remanded to the custody of the Division shall have access to an informal complaint process for the resolution of issues not appropriate for the formal grievance process. Separate Help Request Processes shall be established for the adult and for the juvenile populations.

.04 Authority/Reference.

- (A) MCCS .05J
- (B) ACA 4-ALDF-6B-01
- (C) PDSD 180-1, Grievance Process,
- (D) PDSD 180-3, Juvenile Help Request Process

.05 Definitions

Help Request - Complaint which can be adequately resolved outside of the formal grievance process. These complaints are general in nature and concern product quality, service delivery, etc

Grievance - Complaint alleging unfair treatment, mistreatment, abuse, neglect, inappropriate use of force, staff misconduct, etc.

.06 Responsibility/Procedure.

A. Orientation for Help Request Process: All resident orientation shall include instruction for the Help Request Process. Specific examples shall be provided to demonstrate issues appropriate for the Help Request Process and issues appropriate for the formal, multi-level Resident Grievance Process. In addition, a summary of the Help Request Process shall be included in the *Resident Handbook*.

B. Help Request Process

1. Adult residents may request assistance in matters related to the quality of products, delivery of services, etc. by completing a *Help Request Form* (Attachment A) and submitting it to the Section Officer;
2. The Section Officer shall be responsible to ensure that:
 - a. Attempt to resolve all help request issue within their scope of control prior to an offender's completion of a help request form.
 - b. *Help Request Forms* are always made available to residents ;
 - a. Upon request, assistance is provided in completing the form; and
 - c. All completed forms are forwarded to the Building/Tower Supervisor before the end of the shift.
3. The Building/Tower Supervisor shall be responsible to:
 - a. Review all *Help Request Forms* and resolve or refer problems for appropriate corrective action within 2 workdays of receipt; and
 - b. Complete the Building/Tower Supervisor's Response on each form and distribute it within 5 workdays of receipt as follows: original to Resident Grievance Office and copy to resident.
 - c. Review all Help Request forms and make a determination of their merit.
4. The Resident Grievance Officer shall be responsible to accept and process all *Help Request Forms* referred by the Building/Tower Supervisors or designee that has been thoroughly investigated and all other options have been exhausted as the equivalent of a completed *Step 1 Grievance Form*. If a resident has inadvertently used the incorrect form, the Grievance Officer shall ensure that delays or other penalties are not incurred by the resident.

C. Documentation

1. A Help Request log book shall be maintained in the Building/Tower Supervisor's office to record each form received and a notation of action taken.
2. The Resident Grievance Officer shall be responsible to ensure that all adult *Help Request Forms* for the Division are logged and maintained in a separate file system for auditing purposes. *Help Request Forms* referred to the formal grievance process shall be entered as such in the Help Request log, but tracked and maintained in compliance with PDSD#180-1.

.07	Attachments.	A – Help Request Form
.08	History.	NA
.09	Distribution.	B

Division of Pretrial Detention and Services
Help Request Form

Name _____ ID # _____

Housing Location _____ Date _____

Area of complaint (Check one)

- | | | | |
|---------------------------------------|---|--|--|
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Mail & Packages | <input type="checkbox"/> Visits | <input type="checkbox"/> Maintenance |
| <input type="checkbox"/> Food Service | <input type="checkbox"/> Religious Services | <input type="checkbox"/> Money | <input type="checkbox"/> Other residents |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> Property | <input type="checkbox"/> Other, explain below: | |
| <input type="checkbox"/> Telephone | <input type="checkbox"/> Recreation | | |

State your case. Provide important details like date, time, place, & names.

What remedy do you want? _____

(STOP HERE)

TO BE COMPLETED by the BUILDING/TOWER SUPERVISOR & Returned within 5 days

Check Box	I took the following action and have verified that your complaint is now resolved:
	_____ _____ _____

Check Box	I have determined that your complaint is a matter for the formal grievance process. A copy of your request has been sent to the Grievance Officer and <u>it shall serve as your STEP 1 Grievance Form.</u> The Grievance Office shall respond to you on this matter within 5 days of their receipt.
--------------	--

Signature: _____
Building/Tower Supervisor

Date: _____