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### Your Responsibility When Using the Information Provided Below:

When we wrote this Informational Material we did our best to give you useful and accurate information because we know that prisoners often have difficulty obtaining legal information and we cannot provide specific advice to all the prisoners who request it. The laws change frequently and are subject to differing interpretations. We do not always have the resources to make changes to this material every time the law changes. If you use this pamphlet it is your responsibility to make sure that the law has not changed and is applicable to your situation. Most of the materials you need should be available in your institution law library.

## How to File a CDCR Administrative Appeal (Updated September 2017)

A prisoner or parolee can file an administrative appeal to complain about an action taken by any employee of the California Department of Corrections and Rehabilitation (CDCR) or any CDCR policy, procedure, or condition that affects them. CDCR prisoners who are housed in contract facilities (in-state or out-of-state) can use the same forms and processes to complain about CDCR or facility policies or actions. (California Out-of-State Correctional Facility (COCF) Operations Procedure # 510.) The rules that govern administrative appeals are in the California Code of Regulations (CCR), title 15, §§ 3084-3086. There are also policies and procedures for handling administrative appeals in the CDCR Department Operations Manual (DOM), §§ 54100.1-54100.33.

Examples of topics an administrative appeal might address are failure to follow proper procedures for rule violation hearings, medical care delays, miscalculation of credits, refusal of mail, or disapproval of visitors. Most types of administrative appeals are filed using the “602” form, but health care appeals should be filed on a “602 HC” form and disability accommodation appeals should be filed on an “1824” form. If lower-level prison staff deny an appeal, the prisoner usually can and should re-submit it for review by higher-level prison officials. In addition, there are some special procedures that apply to emergency appeals and to appeals of certain types of issues, such as health care, disability accommodations, staff misconduct, disciplinary violations, release date calculations, visitation, mail, sexual abuse, transfers, property losses, parole issues, and Prison Industries (PIA) or Free (“Joint”) Venture Program issues.

Filing an administrative appeal takes time and work, but it can be an effective way to resolve or at least document a problem. Furthermore, filing an administrative appeal is almost always necessary if a prisoner wants to file a habeas corpus petition or a lawsuit challenging a CDCR policy or action.

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### Exhaustion of Administrative Remedies

Courts usually refuse to address prisoners' complaints about prison issues unless the prisoner first completes an administrative appeal process. In other words, a prisoner must "exhaust administrative remedies" before asking a court to step in. Under the CDCR's system, this generally means that any issues raised in an appeal (including appeals that are rejected or cancelled) must be presented to all levels of review up through the highest level of review. (15 CCR § 3084.1(b).)

If you are a prisoner, the general rule is that you must exhaust CDCR administrative remedies before filing a state court petition for writ of habeas corpus regarding a prison issues (*In re Serna* (1978) 76 Cal.App.3d 1010, 1014 [143 Cal.Rptr. 350]; *In re Muszalski* (1975) 52 Cal.App.3d 500, 503 [125 Cal.Rptr. 286].) However, there are some circumstances in which a court may allow you to proceed with a habeas petition without first completing the administrative appeal process. A court may find that exhaustion is not required where the requested action cannot be granted by an administrative appeal or it is clear under established CDCR policy that any administrative appeal will be denied. A prisoner may also be allowed to proceed without exhausting administrative remedies if there is some emergency such that failure to act immediately could result in great harm. (*Ogo Associates v. City of Torrance* (1974) 37 Cal.App.3d 830, 834 [112 Cal.Rptr. 761]; see e.g., *In re Mitchell* (2000) 81 Cal.App.4th 653, 655-656 [97 Cal.Rptr.2d 41] (futility); *In re Strick* (1983) 148 Cal.App.3d 906, 911 [148 Cal.App.3d 906] (futility); *In re Dexter* (1979) 25 Cal.3d 921, 925 [160 Cal.Rptr. 118] (futility).) You should be aware that courts are reluctant to grant exceptions to the exhaustion requirement, so the best tactic usually is to complete the administrative appeal process before filing a habeas petition. If you do not exhaust administrative remedies, you should explain why the court should hear your case anyway. You also may show "good faith" by at least getting an administrative appeal started before you file your petition.

If you are in prison, you must exhaust all "available administrative remedies" before filing a federal civil rights ("section 1983") lawsuit about a prison issue. (42 U.S.C. § 1997e(a); *Porter v. Nussle* (2002) 534 U.S. 516, 520 [122 S.Ct. 983; 152 L.Ed.2d 12]; *McKinney v. Carey* (9th Cir. 2002) 311 F.3d 1198, 1199.) You have to file an administrative appeal even if you are seeking only money damages, even though money damages are not normally awarded through the CDCR administrative appeal process. (See *Booth v. Churner* (2001) 532 U.S. 731, 733 [121 S.Ct. 1819; 149 L.Ed. 2d 958].) In your appeal, you don't need to set forth legal theories or state each element of a legal claim, but you must include enough information to put prison staff on fair notice of what happened and to give them an opportunity to respond. (See *Griffin v. Arpaio* (9th Cir. 2009) 557 F.3d 1117, 1120-1121.) The exhaustion requirement is very strict and courts do not have authority to make exceptions. However, courts may find that administrative remedies are not actually "available" if (1) the grievance procedure is a dead end, with officers unable or consistently unwilling to provide any relief; (2), practically speaking, the administrative remedy is so confusing or complex that no ordinary prisoner can use it; or (3) officials stop prisoners from using their administrative remedies by tricks, misrepresentation, or intimidation. (*Ross v. Blake* (2016) \_\_\_ U.S. \_\_\_ [136 S.Ct. 1850; 195 L.Ed.2d 117].) Also, if your request for relief is fully granted at the first or second level of review, but prison staff fail to follow through with the promised action, a court can decide that you have exhausted administrative remedies and need not submit the appeal to the third level. (*Harvey v. Jordan* (9th Cir. 2010) 605 F.3d 681.)

You must also complete the administrative appeal process through the third level to exhaust administrative remedies for a state tort lawsuit; this requirement must be met even if you are seeking only money damages. (*Wright v. California* (2004) 122 Cal.App.4th 659, 663 [19 Cal.Rptr.3d 92].)

### **Request for Interview, Item or Service**

You can file a **CDCR Form 22 Inmate/Parolee Request for Interview, Item or Service**, to ask for an interview with a staff member and/or to ask staff to do or stop doing something

An Appeals Coordinator can reject an administrative appeal with directions to complete a Form 22 request and then resubmit the appeal. (15 CCR § 3086(e)(2).) However, the prison's Appeals Coordinator can decide to let you proceed with an appeal without first filing a Form 22 if "submittal of a CDCR Form 22 is unwarranted and/or would not contribute to the outcome of the appeals process." Also, the CDCR policy is that you do *not* need to file a Form 22 before filing an emergency appeal, a Form 602 HC appeal regarding health care, a Form 1824 disability accommodation appeal, an appeal about staff misconduct or any type of sexual abuse, an appeal from a classification action, or an appeal concerning a disciplinary rule violation, involuntary psychiatric transfer, or CALPIA health or safety complaint. (DOM § 54100.8.) If your does not fall into one of these exceptions, you should file a Form 22 before filing a 602 appeal if it is reasonably possible to do so.

You should get the official CDCR triplicate Form 22 from prison staff and use it to file your request (a sample of the form is attached to this letter). Keep the goldenrod-colored copy of the form so that you will have documentation if prison staff lose your request or do not answer it in a timely manner. The timelines for the two levels of response are three working days for the initial staff response and seven calendar days for a supervisor's review. (15 CCR § 3086(f)(4) and (h).)

Beware – filing a Form 22 request DOES NOT STOP THE CLOCK FOR ADMINISTRATIVE APPEAL TIMELINES. (15 CCR § 3086(e)(2).) It also DOES NOT EXHAUST ADMINISTRATIVE REMEDIES FOR PURPOSES OF COURT ACTIONS (15 CCR § 3086(i).) Thus, if the 602 appeal deadline is drawing near, you should not wait to receive a response to a Form 22 request before filing a 602 appeal; instead, file the 602 appeal and state on it that a response to your Form 22 request is pending.

### **Administrative Appeals – Practice Tips**

The following is a summary of the most important rules regarding administrative appeals and a few practical suggestions to help ensure the timely processing of an appeal. Many of these general rules apply to all types of CDCR appeals. However, there are variations on the procedures for appeals about certain types of issues; those special procedures are discussed in the last few pages of this letter.

**Filling Out the 602 Form:** Use the **CDCR Form 602 Inmate/Parolee Appeal** (copy attached) to describe the problem in detail and say what it is that you want the prison officials to do. You begin by filling out **Part A** and **Part B** and then signing and dating the form. If you need more space, you may attach one **CDCR Form 602-A Inmate/Parolee Appeal Form Attachment** (copy attached) and fill out **Part A** and **Part B** of that form. General rules about the format of a 602 and attachments are at 15 CCR § 3084.2(a)-(b).

When writing your 602, you should first state what problem that you are appealing. Then you should cite to any CDCR rule or state or federal law that applies to your situation, and give specific facts as to how the rules are being broken or violated. Try to be clear about what happened, when it happened, who did it, and what else you have already done to try to solve the problem. Then explain

what action you are requesting – in other words, what do you want the prison staff to do in response to your appeal? You must include every issue related to the problem or you risk waiving (giving up) your rights to raise the issue in the future.

You should attach to the appeal form any documents that are needed to support the issue being appealed. For example, if you are appealing a disciplinary finding of guilt, attach a copy of the Rule Violation Report. (15 CCR §§ 3084(h), 3084.2(b)(1), 3084.3.) You should check the box on the 602 form that says you have attached documents and fill out the part of the form that asks you to list those documents. If you are not attaching any supporting documents, you should check the box that says that and explain why (for example, if staff haven't given you a copy of the Rule Violation Report or if there simply aren't any relevant documents).

Staff should ensure that all prisoners and parolees have equal access to the appeals process, including any help needed to complete each stage of the process. (15 CCR §§ 3084.1(c).) For example, if you have problems with reading or writing or you don't know English well, prison staff should help you with filling out and filing your 602 appeal. (3084.5(b)(1).) Prison staff must also help you if you have a developmental, physical, or learning disability and need help preparing or filing a 602 appeal or reading the prison staff's responses. (*Armstrong v. Wilson* (N.D. Cal.) No. C94-2307CW, Remedial Plan (Jan. 3, 2001), § II.E.1-2; *Clark v. California* (N.D. Cal.) No. C96-1486FMS, Remedial Plan (Mar. 1, 2002), § II.B.3.b.3.) You can have another prisoner help you fill out an appeal form, but you cannot give that person any item or service in return. (15 CCR § 3084.2(f).)

**Group Appeals:** Group appeals are allowed. To file a group appeal, one prisoner should fill out, sign and submit the 602 form. Along with the 602 form, the prisoner should submit a **CDCR Form 602-G Inmate/Parolee Group Appeal** (copy attached) with the names, CDCR numbers, housing location and signatures of all participating prisoners. The appeal response will be provided only to the prisoner who submitted the appeal, and that prisoner is responsible for sharing the response with the other prisoners in the group. (15 CCR § 3084.2(h).)

**Time Limits, Procedural Requirements, and Rejection or Cancellation of Appeals:** The CDCR has imposed many limits on the use of the appeal system. The most common limits are discussed here.

**There are time limits for filing an appeal and for submitting an appeal to higher levels of review.** You must submit an appeal promptly, within 30 calendar days after the problem occurs or after you find out about the event or decision being appealed. You must also file your appeal to the next level of review within 30 calendar days after receiving an unsatisfactory lower level response. (15 CCR § 3084.8(b).) Time limits are not suspended just because you are attempting to get supporting documents; you should go ahead and file your appeal and explain why you are unable to get the documents. (15 CCR § 3084.3(b).) If you do that, the Appeals Coordinator should grant you additional time to get the documents. (15 CCR § 3084.3(d).) Likewise if you have not yet gotten response to a Form 22 request, you should file your appeal before the appeal deadline runs out and explain that you are waiting for a Form 22 response. Failure to meet the appeal timelines may cause you to lose the opportunity to exhaust administrative remedies; thus, you should always file your appeal as soon as possible after the incident or decision that is the subject of your appeal. (See *Ngo v. Woodford* (9th Cir. 2008) 539 F.3d 1108; *Harvey v. Jordan* (9th Cir. 2010) 605 F.3d 681.)

**There is a limit on how many appeals a prisoner can submit.** You are not allowed to submit more than one non-emergency appeal within a period of 14 calendar days. (15 CCR § 3084.1(f).) Group appeals count toward the allowable number of appeals for every prisoner in the group. (15 CCR § 3084.2(h)(6).)

**An appeal may be rejected** by the Appeals Coordinator. There are many reasons why an appeal might be rejected, including not having completed a Form 22 request. (15 CCR § 3086(e)(2)). An appeal can also be rejected for filing more than the allowable number of appeals, failing to fill out the form properly, failing to attach supporting documents, trying to address multiple unrelated issues, or submitting an appeal that is too lengthy or vague. (15 CCR § 3084.6(b).)

If an appeal is rejected, you should get a notice that tells you why and what you can do to correct the problem and get the appeal processed. (15 CCR §§ 3084.5(b)(3) and 3084.6(a)(1).) If an appeal is rejected because of a correctable problem, you should try to correct the problem and then re-submit the appeal within 30 calendar days of the rejection. (15 CCR § 3084.6(a)(2).)

If the problem cannot be corrected and/or you think the rejection decision is incorrect, you can send the appeal back to the Appeals Coordinator with an explanation and/or evidence as to why the appeal should be accepted. (15 CCR § 3084.6(a)(4).)

Following up on improperly rejected appeals through the highest level is important if you want to preserve your right to file a legal action regarding the original problem, because a rejected appeal may not satisfy the exhaustion of administrative remedies requirement for a lawsuit. (See *Woodford v. Ngo* (2006) 548 U.S. 81 [126 S.Ct. 2378; 165 L.Ed.2d 368].)

**An appeal may be cancelled** by the Appeals Coordinator if you did not meet the time limits and you don't have a good reason for filing your appeal late. An appeal may also be cancelled for other reasons, such as if the issue is not within the CDCR's jurisdiction, if the appeal is a duplicate, you re-submitted a rejected appeal without correcting the defect or explaining why the correction was not made, or you refuse to cooperate with the reviewer. (15 CCR § 3084.6(c).) If an appeal is cancelled, you should get a notice that tells you why. (15 CCR § 3084.5(b)(3).) If you think the cancellation was made in error, and you can provide more information showing that your appeal should not have been cancelled or that there are good reasons why the appeal should be processed; you should send the appeal back to the Appeals Coordinator (or the CDCR third level Appeals Chief if the cancellation was at that level) and ask them to exercise discretion to process the appeal. (15 CCR § 3084.6(a)(3) and (4).) You also can file a new appeal challenging improper application of the cancellation rules; if the appeal was cancelled at the third level, you should send your new appeal directly to the third level Appeals Chief. (15 CCR § 3084.6(e).) Again, it is important to follow up on improperly cancelled appeals if you want to preserve your right to bring a legal action about the original problem.

**Appeals System Abuse:** In addition to having appeals rejected or cancelled, a prisoner who "abuses" the appeal process may be subjected to other restrictions. Abuse of the appeal process includes submitting more than one non-emergency appeal within a period of 14 calendar days, repeatedly re-submitting appeals that have been cancelled, or submitting an appeal that contains false, obscene, or slanderous, statements, purposely exceeding the space provided on the 602 form, or misusing the emergency appeals process. (15 CCR § 3084.4(a) and § 3084.9(a)(2).) The first abusive appeal will be processed routinely, but the Appeals Coordinator will begin screening future non-emergency appeals for abuse. If you continue to abuse the appeals system, the Appeals Coordinator will send you a warning letter. (15 CCR § 3084.4(b) and (c).) If the abuse continues, the Appeals Coordinator will meet with you, and can then suspend processing of your non-emergency appeals and

refer the matter to the CDCR Appeals Chief. (15 CCR § 3084.4(d)-(f).) The Appeals Chief can decide to restrict you to one non-emergency appeal every 30 calendar days for a period of one year; any further appeal abuse can result in an extension of your restriction period. (15 CCR § 3084.4(g) and (h).)

**Lost or Delayed Appeals:** Sometimes appeals are lost or not answered in a timely fashion by prison staff. To be prepared for this, you should make copies of the administrative appeal and all documents that you attach to the appeal. If you can't get access to a copy machine, at least make a handwritten copy. You should also keep notes about when and how you submitted your appeal.

Some prisoners use the Form 22 as a receipt when submitting an administrative appeal. You can present both the Form 22 and an appeal form to a staff person along with a U-Save Em envelope addressed to the Appeals Coordinator. You can ask the staff person to sign the Form 22, give you the goldenrod copy, and then put forms in the envelope, seal it, and place it for mailing to the Appeals Coordinator. The signed receipt could later be used as proof that you submitted the administrative appeal and the date you submitted it.

Although there are timelines for CDCR staff to respond to administrative appeals, they are allowed to exceed the timelines in certain circumstances, such as when witnesses are not available, the matter is complex, outside agencies must be involved, or there is a state of emergency. If the delay is at the first or second level, you must be given written notice of the reason for the delay and the estimated completion date. (15 CCR § 3084.8(d)-(e).)

Even when there is no justification for a delay, prison staff sometimes do not meet the appeal response timelines; occasionally there are very long delays in getting a response to an appeal. If the CDCR does not comply with the time limits, you may file a Form 22 and then file a new appeal about the procedural violation, stating the log number of your original appeal, the date it was filed, and that you have not yet received a response. Also, if a prison or parole authority has a pattern of failing to process appeals properly, prisoners may be able to get a court order forcing officials to comply with the appeal timelines. (See *In re Woodham* (2002) 95 Cal.App.4th 438 [115 Cal.Rptr.2d 431].)

**Withdrawing Appeals:** Prison staff may ask you to “withdraw” or drop your appeal because the action you asked for has been granted or because they have explained to you why the request cannot be granted. To withdraw an appeal, you fill out and sign **Part H** of the 602 form. If your withdrawal is conditioned on a promise that the prison staff will do something, you should write that condition in Part H. If the prison staff do not provide the relief when or as promised, you can then file a new 602 within 30 days of the failure to grant the promised relief. (15 CCR § 3084.6(f).) Although withdrawing an appeal may be an option, it is almost always better to refuse to withdraw the appeal and have the prison staff formally grant or deny the requested relief. Withdrawing an appeal might cause you to lose the right to file a lawsuit concerning the matter. (See *Sheets v. Terhune* (E.D. Cal. 2006) 421 F.Supp.2d 1304, 1307-38.)

### **Administrative Appeals – Three Levels of Review (for most types of appeals)**

The normal 602 administrative appeal procedure consists of three levels of formal review. **YOU MUST COMPLETE ONE LEVEL OF REVIEW BEFORE MOVING ON TO THE NEXT LEVEL; OTHERWISE, YOUR APPEAL WILL BE REJECTED.** (15 CCR § 3084.6(b)(15).) There are a few exceptions to the three levels of review process for some particular types of appeals, including appeals about health care issues. The special processes for these and other types of appeals are discussed in the following sections and in the later sections of this letter addressing special types of appeals.

**The First Level:** You must send your administrative appeal to the Appeals Coordinator for review at the first level. There are a few exceptions – the first level may be bypassed if the appeal concerns a serious disciplinary violation, a policy or regulation set by the department or the warden, or some other issue that has to be resolved by a higher level authority. (15 CCR § 3084.7(a).) The first level will also be waived for appeals related to the selection of movies. (15 CCR § 3084.7(b)(2).)

The person who does the first level review will usually be the supervisor of the person who took the action being appealed. Normally, prison staff will interview you as a part of the first level review; there are a few exceptions for certain types of appeals. You can give up your right to an interview by putting your initials in the waiver box on the 602 form under your signature. (15 CCR § 3084.7(e)-(g).) If staff do interview you, you should be careful not to be pressured into saying things that undermine your appeal. The first level answer must be completed by staff within 30 working days, and will be put in **Part C** of the 602 form or on a separate sheet. The appeal form will then be returned to you along with the response. (15 CCR § 3084.8(c)(1).)

**The Second Level:** If the problem is not solved at the first level, you may use **Part D** of the appeal form to explain why you are not satisfied. You should then send the appeal back to the Appeals Coordinator for second level review. The second level answer must be completed by a person of at least the rank of Chief Deputy Warden, Deputy Regional Parole Administrator, or the equivalent. (15 CCR § 3084.7(d)(2).) The second level response should be completed by staff within 30 working days, and will be put in **Part E** of the 602 form or on a separate sheet. (15 CCR § 3084.8(c)(2).)

A few types of appeals cannot be taken beyond the second level: appeals of informal counseling chronos or administrative level disciplinary violations, and appeals regarding movie selection. (15 CCR § 3084.7(b).)

**The Third Level:** If the second level review does not solve the problem, you may fill out **Part F** of the appeal form and mail the form and supporting documents to the CDCR Appeals Chief in Sacramento for third level review. The address where you should send the appeal is on the 602 form. A different address is used for third level health care appeals (see below). The third level response should be completed by staff within 60 working days. (15 CCR § 3084.8(c)(3).)

**Modification Orders:** Sometimes a prior appeal decision will be ordered to be modified by the Warden, Regional Parole Administrator or the third level Appeals Chief. (15 CCR § 3084(d).) Modification orders should be carried out within 60 calendar days. If this is not possible, staff responsible for carrying out the modification are supposed to advise the Appeals Coordinator or third level Appeals Chief of the reason for the delay every 30 calendar days and provide a projected date of completion. If the modification order is not completed after 120 calendar days, you may submit your appeal to the next level of review within 30 calendar days (15 CCR § 3084.7(I).)

## Emergency Appeals

If waiting for answers to an appeal under the normal time limits would cause you serious risk of injury or harm, you may ask for speedier appeal processing. (15 CCR § 3084.9(a).) Circumstances in which an emergency appeal can be filed include when you need protective custody or when you are being transferred to a prison where you have an enemy.

If you want to file an emergency appeal, write “Emergency Appeal” on the top of the 602 form and submit it to the Appeals Coordinator. You must explain on the form why the appeal should be treated as an emergency. You may also ask that an action (such as a transfer) be delayed until after the appeal is completed. Intentional misuse of the emergency appeal process may qualify as “abuse” as discussed above. (15 CCR § 3084.9(a)(2).)

If emergency processing is refused, you will be notified of that; the appeal will either be accepted by the Appeals Coordinator for regular processing or returned with a notice that the appeal is being rejected for some reason. (15 CCR § 3084.5(b)(2) and § 3084.9(a)(3).) If emergency processing is granted, the first level review is waived or bypassed and the appeal will be sent to the second level. Second level review should be completed within five working days. (15 CCR § 3084.9(a)(4).) If you do not agree with the second level decision, you may send the appeal back to the Appeals Coordinator, who will send it electronically to the CDCR Appeals Chief for third level review. The third level decision must be completed within five working days. (15 CCR § 3084.2(e).)

## Special Rules for Processing Certain Types of Appeals

### Health Care Appeals (Medical, Mental Health, Dental, and Pharmacy Grievances):

The CDCR has special rules for health care administrative appeals, which the CDCR now calls “health care grievances.” These rules are in 15 CCR §§ 3087-3087.11. Many of the rules for preparing and processing a health care grievance are similar to those for other types of administrative appeals; for example, there are rules that allow for rejection or withdrawal of appeals, and rules that sometimes allow CDCR staff extra time to respond. However, there also are some special forms, procedures, and timelines for health care grievances.

The **CDCR Form 602 HC Health Care Grievance** (sample copy attached) should be used if you are raising concerns about medical, dental, or mental health care, including emergency appeals about health care and complaints about misconduct by health care staff. The 602 HC form is blue, and there are only two levels of review.

You should file your Form 602 HC within 30 calendar days after the event that you are challenging or after you first learn of the decision you are challenging. (15 CCR § 3087.2(b).) If you do not file your appeal within that time frame, you should explain why you could not file your appeal on time; prison staff can decide that there is good reason to process your appeal even though it is late. (15 CCR §§ 3087.3(d)(1), 3087.5(d)(1).) Fill out **Part A** of the 602 HC form and either attach the supporting documents (such as a CDCR 7362 health care services request form) and state which documents are attached OR explain in the space provided why you did not attach any documents (for example, there are none or staff have not provided you with them). If you need more space, you can fill out and attach one **CDCR Form 602 HC A Health Care Grievance Attachment** (sample copy attached). You can also explain on your 602 HC if your problem is urgent and should be handled by

expedited (faster than normal) review so that you do not suffer serious or irreparable harm. Date and sign the form where indicated, near the middle of the page. If you want to be interviewed by staff, put your initials in the box. Send the 602 HC and attachments to the Health Care Grievance Office (not the regular Appeals Coordinator).

Prisoners cannot file “group” health care grievances. However, if multiple prisoners submit health care grievances about the same problem, staff may opt to interview only the prisoner who filed the first grievance on the issue. All of the prisoners who file grievances on the issue should receive responses, in which the reviewer will state that the 602 HC was processed as one of multiple grievances. (15 CCR §§ 3087.7, 3087.9(a)(7).)

After the Health Care Grievance Office receives your 602 HC, a health care professional who is at least a Registered Nurse (RN) should screen your appeal within one business day to see if it was filed on time, meets procedural requirements, and concerns a health care issue. The screener will also decide if the issue requires expedited action. (15 CCR § 3087.3(b).) If the issue is a complaint about staff misconduct, the appeal should be forwarded to the appropriate reviewing authority within five business days for possible further investigation (15 CCR § 3087.6.)

The institution staff normally have 45 working days to respond to a health care grievance. (15 CCR § 3087.3(i).) If expedited processing is warranted, the institution level of review must be completed within five working days after the date the appeals office received the 602 HC form. (15 CCR § 3087.8(b).)

If you do not receive a satisfactory response at the institution level, you may fill out **Part B** of the 602 HC form and send the form and all attachments to the Health Care Correspondence and Appeals Branch (HCCAB) for CDCR Headquarters level review; the address is on Part B of the 602 HC form. (15 CCR § 3087.4.) If the appeal was processed on an expedited basis at the institution level, you can just send the 602 HC package back to the Health Care Grievance Coordinator and ask for continued expedited processing. (15 CCR § 3087.4(a)(4).) You must submit your appeal for Headquarters review within 30 calendar days after you receive the institution response.

After you submit your 602 HC to Headquarters, a health care staff person who is at least an RN will screen your appeal. The Headquarters level staff should respond to your appeal within 60 working days after they receive it. (15 CCR § 3087.5.) If expedited processing is granted, the Headquarters review must be completed within five working days. (15 CCR § 3087.8(b).)

### **Disability Accommodation Appeals:**

There is a special process for people with disabilities to ask for fair treatment or to get access to CDCR services or programs. This process is currently under supervision of a federal court in the *Armstrong v. Brown* case (previously *Armstrong v. Wilson*) (No. C94-2307), and it is governed by the *Armstrong* Remedial Plan (Jan. 3, 2001) and the CDCR, *1824 Desk Reference Manual*, dated Aug. 17, 2017. (See 15 CCR § 3085.)

Instead of filling out a 602 form, a prisoner who wants “accommodations” for a disability should fill out a Reasonable Modification or Accommodation Request on **CDCR Form 1824** (copy attached) and submit it to the Appeals Coordinator. The 1824 form is yellow. You should fill out the front side of the form and sign and date the form. You can ask staff to help you fill out the form.

The regulations allowing prisoners 30 calendar days to file and resubmit 602 appeals and allowing prisoners to file one appeal every 14 calendar days do not specifically refer to 1824 appeals.

(15 CCR § 3084.1(f), 3084.8(b).) To be on the safe side, you should file your 1824 appeals as soon as possible and should not file excessive appeals.

Your 1824 should be screened for urgent medical or mental health issues within one day after it is received by the appeal coordinator. Your 1824 should then be reviewed by a Reasonable Accommodation Panel (RAP) during the weekly RAP meeting. The RAP includes medical and custody staff. The RAP should provide you with a substantive response within 30 calendar days of when your 1824 was received. (CDCR, *1824 Desk Reference Manual*, dated Aug. 17, 2017.)

If you do not agree with the first level response, you can file the appeal to the second level of review by following the instructions near the bottom of the response. The instructions should tell you to file either a 602 HC or a 602. Any request that will be addressed by medical staff should go on a 602 HC, and any request that will be addressed by custody staff should go on a 602. In your 602 HC or 602, you should explain why you disagree with the RAP response, request a second level response, and attach a copy of the RAP response. If you do not agree with the second level response, you can send the appeal to the third or Director's level, the same as with a regular 602 or 602 HC appeal. The normal time limits for filing and responding to 602s and 602 HCs apply to appeals of disability issues at the second and third levels. (CDCR, *1824 Desk Reference Manual*, dated Aug. 17, 2017.)

#### **Disciplinary Appeals:**

The second level review is the highest level of review you can get for a disciplinary infraction documented on a CDCR Form 128-A Counseling Chrono or classified as an "administrative" level violation on a CDCR Form 115. (15 CCR § 3084.7(b)(1).)

The Appeals Coordinator may bypass the first level of review for serious disciplinary violations. (15 CCR § 3084.7(a)(4).) You can appeal disciplinary actions classified as "serious" through the third level of review. (15 CCR § 3084.9(g)(2).)

#### **Staff Misconduct Appeals:**

Staff misconduct is behavior that violates or is contrary to law, regulation, policy or an ethical or professional standard. (15 CCR § 3084(g).) This includes harassment or brutality or blatant failure to follow rules. If you want to file an appeal complaining about misconduct by staff, you must file a 602 appeal. You must also fill out and attach a **CDCR Form 1858 Rights and Responsibilities Statement** (copy attached). (15 CCR §§ 3084.9(i) and 3391(d).) If you want to appeal other issues related to the problem, you should file a separate appeal regarding those matters. (15 CCR § 3084.9(i)(2).) For example, if you had a conflict with a correctional officer during which the officer made racial slurs, and then the officer charged you with a disciplinary violation for disobeying an order, you should file two separate appeals: one complaining about the officer's verbal harassment and one challenging the disciplinary finding of guilt.

Appeals alleging staff misconduct will be reviewed by an official at least at the level of Chief Deputy Warden, Deputy Regional Parole Administrator, or equivalent to determine if the appeal really concerns staff misconduct. If your appeal is not found to be a true staff misconduct complaint, it will be processed as a regular 602 appeal. (15 CCR § 3084.9(i)(1).) If your appeal is accepted as a staff misconduct appeal, the officials will decide whether to refer the case to CDCR Office of Internal Affairs (OIA) for an investigation or whether the institution officials will conduct a confidential inquiry on their own. If a confidential inquiry is done, you will be interviewed, as will any witnesses. The findings will be summarized in a report. (15 CCR § 3084.9(i)(3).)

The investigation or confidential inquiry report will not be provided to you. (15 CCR § 3084.9(i)(3)(B)(1).) You will receive a response that states whether the case has been referred for investigation or for a confidential inquiry. If an investigation is conducted, you will be notified of the outcome when the investigation is completed. If a confidential inquiry was conducted, you will be notified about the decision as to whether the staff member did or did not violate departmental policy in regard to each of the specific allegations. (15 CCR § 3084.9(i)(4).)

### **Sexual Abuse Appeals**

A prisoner can file a CDCR 602 form to raise issues about a sexual assault or harassment by either staff or other prisoners. These are sometimes called “PREA” appeals, for the Prison Rape Elimination Act that requires prisons to have zero-tolerance of sexual abuse. However, there are some issues for which a CDCR 602 HC health care administrative appeal should be filed instead of a regular 602 appeal -- if prison staff do not provide an appropriate forensic medical examination or satisfactory medical or mental health care after a sexual assault, or if the claim is about sexual misconduct by health care staff. If a safety or medical issue needs urgent attention, the prisoner should ask for emergency processing by writing “emergency appeal” at the top of the form and explaining why urgent attention is needed.

If the sexual abuse complaint involves a correctional officer, the prisoner must also fill out and attach a CDCR Form 1858 Rights and Responsibilities Statement when submitting the 602. (15 CCR §3084.9(i).)

There are *no* time limits for filing an administrative appeal alleging sexual violence by other prisoners or staff sexual misconduct. (15 CCR § 3084.8(b)(4).)

### **Release Date and Parole Period Computation Appeals:**

There are special rules for processing 602 appeals concerning miscalculation of a prisoner’s release date, parole discharge date or goodtime/worktime credits. First level review will be done by the records office staff or the appropriate caseworker. (15 CCR § 3084.9(d).) If the appeal is denied at the first level, you can request second level review, which will consist of a “computation review hearing.” Unless you waive your rights, you should be notified at least 24 hours in advance of the date and time of the hearing. (15 CCR § 3084.9(d)(2).) At the end of the hearing, you must be provided with a copy of the hearing decision on a CDCR Form 1033. (15 CCR § 3084.9(d)(3).) If the appeal is denied or you are dissatisfied with the decision, you can submit the appeal to the CDCR Appeals Chief as normal for third level review.

### **Transfer Appeals:**

Prisoners may appeal Classification Staff Representative (CSR) orders regarding transfers to other institutions; however, such appeals will not routinely delay a pending transfer. (15 CCR § 3084.9(h)(1).) If a transfer could seriously harm your safety or health, the appeal should be filed as an “emergency” appeal, as described above. For non-emergency transfer appeals, the regular 602 appeal process applies, with a few modifications.

If your appeal is regarding a **transfer from a reception center**, the first level review is conducted by the reception center’s “Correctional Administrator.” (15 CCR § 3084.9(h)(3)(A).) If the appeal is granted, your case will be presented to a second CSR for reconsideration; however, you will not necessarily be kept at the reception center while the second CSR is reviewing your case unless the proposed transfer would threaten your health or safety. (15 CCR § 3084.9(h)(3)(B).) If the second CSR

disagrees with the first level appeal response, you should re-submit the appeal for second level review. (15 CCR § 3084.9(h)(3)(C).) The second level review will be conducted by the Warden, who has the option of keeping you at the reception center and referring your case to the CDCR's Departmental Review Board (DRB) for resolution. In such a case, the DRB decision will be the final review. (15 CCR § 3084.9(h)(3)(D).) If your appeal is simply denied or is not reviewed by the DRB, you may file your 602 appeal to the third level.

If the **transfer is not from a reception center**, the first level of review is waived, and the Appeals Coordinator should send your appeal directly for second level review. (15 CCR § 3084.9(h)(2)(A).) If the appeal is granted at the second level, your case will be presented to a second CSR for reconsideration. (15 CCR § 3084.9(h)(2)(B).) If the second CSR disagrees with the institution's second level recommendation, the Warden may send your case to the DRB. If your appeal is denied at the second level, or if the Warden does not send your case to the DRB, you can file your appeal to the third level. (15 CCR § 3084.9(h)(2)(C) and (D).)

And appeal of an **involuntary psychiatric transfer** should be sent directly to the third level for review. A copy of the hearing decision should be attached, if possible. However, failure to attach the hearing decision should not result in rejection of the appeal. (15 CCR § 3084.8(g) and § 3084.9(b).)

### **Visiting and Mail Appeals:**

Both prisoners and visitors/correspondents can administratively appeal any policy, practice, restriction or denial regarding visiting or mail. (15 CCR §§ 3137(a) and 3179(a).)

Prisoners use the regular CDCR 602 administrative appeal process to raise visiting or correspondence issues. (15 CCR §§ 3137(b) [mail] and 3179(a)(1) [visiting].) For mail appeals, the disputed item should be retained by prison staff until a decision is made at the third level of review. (15 CCR § 3137(b).)

Visitors cannot use the 602 form or procedures. Instead, a visitor who wants to appeal a visiting policy or decision must send a letter to the Warden (if the appeal concerns a decision made by institution staff or a local practice) or the CDCR Director of the Division of Adult Institutions (if the appeal concerns a department-wide policy). (15 CCR § 3179(a)(2) and (b).) The letter should describe the problem and state that it is an appeal of a visiting issue pursuant to CDCR rules. The Warden must provide a written response within 15 working days; a Warden's decision can then be appealed by writing a letter to the CDCR Director and attaching a copy of the Warden's response. The Director has 20 working days from the date the appeal is received to provide a written response. (15 CCR § 3179(b) and (c).) A visitor who follows this appeal process will almost always be able to present the issue for consideration at the highest level of review more quickly than a prisoner using the 602 process.

Similarly, outside correspondents can appeal issues regarding mail by writing a letter to the Warden (if the appeal concerns a decision made by institution staff or a local practice) or the Director (if the appeal concerns a department-wide policy). The Warden must provide a written response within 15 working days; a Warden's decision can then be appealed by writing a letter to the CDCR Director and attaching the Warden's response. The Director has 20 working days from the date the appeal is received to provide a written response. (15 CCR § 3137(c).)

### **Personal Property Loss or Damage Appeals:**

If your personal property has been lost or damaged by CDCR staff, you may file a 602 appeal to get the property replaced or to get reimbursement (money equal to the value of the property). (15 CCR § 3084.9(f).) If the problem occurred during a transfer it may be difficult to tell when and who lost or damaged the property. If you think it was an error by the transportation staff or by staff at the receiving prison, file your 602 with the Appeals Coordinator at the receiving prison. If you think the error was made by the sending prison, you should still file your 602 with the Appeals Coordinator at the receiving prison; the Appeals Coordinator will be responsible for forwarding the 602 to the sending prison for a response. (15 CCR § 3084.9(f)(1)-(2).)

If the CDCR accepts liability for the damage or loss of property, the institution or parole staff will attempt to either repair any damage or find a replacement or substitute for your property. If the CDCR accepts responsibility and cannot repair or replace the property, then you will be reimbursed for the value of the loss. (15 CCR §§ 3084.9(f)(4) and 3193(b).) Before you can be reimbursed, you must sign a release form discharging the state from any further liability for the loss or damage. (15 CCR § 3084.9(f)(7).)

If your 602 appeal is denied at all levels, you may submit a claim to the Victim Compensation and Government Claims Board. Prison staff should provide forms and the address for such claims. Information and forms can also be found at [www.vcgcb.ca.gov/claims/howtofile.aspx](http://www.vcgcb.ca.gov/claims/howtofile.aspx). Claims for lost or damaged property must generally be filed within six months after the loss or damage, but the Board sometimes will grant leave to file a late claim.

### **Parole Condition and Location Appeals:**

CDCR staff set most conditions of parole and decide the location of parole for parolees who are under CDCR supervision. You can appeal the conditions or location of parole by sending a 602 to the Appeals Coordinator for the parole region. If your appeal is denied at the first and second levels, you can ask for third level review by sending the appeal to the CDCR Appeals Chief.

CDCR parole staff also make discharge review recommendations as to whether a CDCR parolee should be retained on parole after the presumptive discharge date. You can use the regular 602 appeal process to challenge a mistake of fact in the CDCR's recommendation. If the reviewers find that there was a significant mistake of fact in the discharge review report that was relied upon to retain you on parole, they can change the recommendation and ask the Board of Parole Hearings (BPH) to reconsider its decision and discharge you from parole. (15 CCR § 3723.) However, there is no appeal process for challenging the actual discharge review decision made by the BPH because the BPH does not have a general administrative appeal procedure. Thus, you do not have to go through any administrative appeal procedure before you file a court case challenging a BPH decision.

### **Parole Suitability Appeals:**

Decisions to find a life prisoner unsuitable for parole, or to deny other types of discretionary parole (elderly prisoner, youthful offender, or Proposition 57) are made by the BPH. The BPH does not have a general administrative appeal process. This means that you usually do not have to go through any appeal procedure before you file a court case challenging a BPH decision revoking parole or finding you unsuitable for parole. However, there are a few situations in which the BPH does have an appeal process.

The BPH has a procedure for prisoners to object to factual errors in risk assessments that are prepared for BPH hearings. A written objection should be sent to “Attention: BPH chief counsel/risk assessment objection” no less than 30 calendar days before the hearing. A late objection can be considered if there was good cause for the delay. (15 CCR § 2240(e)-(i) (this rule is pending finalization).)

There is an administrative appeal procedure for challenging a BPH decision denying “Proposition 57” nonviolent offender parole. The prisoner must request review within 30 calendar days after the denial decision. A BPH officer who was not involved in the decision will conduct a review within 30 calendar days after the prisoner’s request is received. The prisoner should be notified in writing of the outcome. (15 CCR § 2449.5.) Note that challenges to a CDCR screening decisions finding you ineligible for nonviolent offender parole should be brought through the regular CDCR Form 602 process. (15 CCR §§ 3491(e), 3492(f).)

The BPH also has appeal procedures for complaints of disability discrimination. The procedures may also be used by prisoners and parolees to request accommodations for disabilities during parole proceedings. Examples of such accommodations include ensuring accessibility to the hearing room for a prisoner with mobility impairments; braille or taped documents or reading assistance for a vision-impaired prisoner; assistance in communicating for a developmentally disabled prisoner; or sign language interpretation for a hearing-impaired prisoner. Prisoners and parolees seeking such accommodations should use the **BPH Form 1073** (sample copy attached). If accommodations are sought for an upcoming hearing, the correctional counselor or Classification and Parole Representative (C&PR) at the prison should do the initial paperwork and send it to the BPH Americans with Disabilities Act Unit Coordinator for review. If the request is denied, the denial can be immediately appealed prior to the hearing by using **BPH Form 1074** (copy attached). (*Armstrong v. Davis* (N.D. Cal. Aug. 4, 2000) No. C94-2307CW, Stipulation and Order Approving Defendant’s Policies and Procedures, VIII.A and B; 15 CCR § 2251.5.)

### **Prison Industries Authority and Joint Venture Program Appeals:**

A prisoner employed by the Prison Industry Authority (PIA) may submit a complaint concerning workplace health or safety hazards either in a complaint box in the PIA facility or by giving it directly to a PIA staff member who shall submit it to the PIA safety committee for a response. (15 CCR § 3084.9(e)(2).) An urgent health and safety concern should be brought to the attention of staff verbally or by some other immediate means. (15 CCR 3084.9(e)(1).) Additional regulations on the PIA complaints are found in Title 8 of the California Code of Regulations (8 CCR §§ 344.40-46.) It appears from these regulations that the complaint does not need to be on a 602 form and can be filed anonymously. These regulations state that the committee shall take action on a complaint within 15 calendar days of its filing and, unless the complaint is anonymous, inform the prisoners of the action taken. If the prisoner is dissatisfied with the response or the CDCR fails to carry out the prescribed

corrective action, the prisoner may ask the committee to forward the complaint to the Division of Occupational Safety and Health for review. (8 CCR § 344.42.)

Prisoners who work for private companies through the Joint Venture Program may use the 602 administrative procedures to complain about job issues. (See 15 CCR § 3482(a)(12)(I).) A prisoner who is a current or former Joint Venture Program employee with a grievance about wages, hours, or workplace retaliation or discrimination must submit the 602 appeal to the Joint Venture Program Chief. (15 CCR § 3084.9(c)(1).) If the prisoner is dissatisfied with the Chief's decision, he or she can file a grievance with the California Division of Labor Standards Enforcement (DLSE). (15 CCR § 3084.9(c)(4).) The timelines for filing a complaint with the Joint Venture Chief and the DLSE are governed by state labor statutes. (15 CCR § 3084.9(3).) There are different time limits for filing a complaint depending on the circumstances, some of which are set out in Labor Code 98.7 (six months for complaint about wrongful discharge or discrimination) and Code of Civil Procedure 337, 338 and 339. Information on how to file DLSE complaints and the procedure for hearing such complaints, along with complaint forms, are available from the DLSE at 455 Golden Gate Avenue, 9th Floor San Francisco, CA 94102, (415) 703-4810, or at [www.dir.ca.gov/dlse](http://www.dir.ca.gov/dlse).

**SECTION A: INMATE/PAROLEE REQUEST**

NAME (Print): (LAST NAME)		(FIRST NAME)	CDC NUMBER:	SIGNATURE:
HOUSING/BED NUMBER:	ASSIGNMENT:		HOURS FROM _____ TO _____	TOPIC (I.E. MAIL, CONDITION OF CONFINEMENT/PAROLE, ETC.):

CLEARLY STATE THE SERVICE OR ITEM REQUESTED OR REASON FOR INTERVIEW:

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METHOD OF DELIVERY (CHECK APPROPRIATE BOX) **\*\*NO RECEIPT WILL BE PROVIDED IF REQUEST IS MAILED \*\***

SENT THROUGH MAIL: ADDRESSED TO: \_\_\_\_\_ DATE MAILED: \_\_\_\_/\_\_\_\_/\_\_\_\_

DELIVERED TO STAFF (STAFF TO COMPLETE BOX BELOW AND GIVE GOLDENROD COPY TO INMATE/PAROLEE):

RECEIVED BY: PRINT STAFF NAME:	DATE:	SIGNATURE:	FORWARDED TO ANOTHER STAFF? (CIRCLE ONE) YES NO
IF FORWARDED - TO WHOM:		DATE DELIVERED/MAILED:	METHOD OF DELIVERY: (CIRCLE ONE) IN PERSON BY US MAIL

**SECTION B: STAFF RESPONSE**

RESPONDING STAFF NAME:	DATE:	SIGNATURE:	DATE RETURNED:
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**SECTION C: REQUEST FOR SUPERVISOR REVIEW**

PROVIDE REASON WHY YOU DISAGREE WITH STAFF RESPONSE AND FORWARD TO RESPONDENT'S SUPERVISOR IN PERSON OR BY US MAIL. KEEP FINAL CANARY COPY.

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SIGNATURE:	DATE SUBMITTED:
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**SECTION D: SUPERVISOR'S REVIEW**

RECEIVED BY SUPERVISOR (NAME):	DATE:	SIGNATURE:	DATE RETURNED:
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IAB USE ONLY

Institution/Parole Region: \_\_\_\_\_ Log #: \_\_\_\_\_ Category: \_\_\_\_\_

FOR STAFF USE ONLY

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): _____	CDC Number: _____	Unit/Cell Number: _____	Assignment: _____
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Action requested (If you need more space, use Section B of the CDCR 602-A): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

\_\_\_\_\_  
\_\_\_\_\_

No, I have not attached any supporting documents. Reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

By placing my initials in this box, I waive my right to receive an interview.

STAFF USE ONLY

<b>C. First Level - Staff Use Only</b>	Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
This appeal has been:	
<input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E.	
<input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____	
<input type="checkbox"/> Cancelled (See attached letter) Date: _____	
<input type="checkbox"/> Accepted at the First Level of Review.	
Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____	
First Level Responder: Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.	
Date of Interview: _____ Interview Location: _____	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____	
See attached letter. If dissatisfied with First Level response, complete Section D.	
Interviewer: _____ Title: _____ Signature: _____ Date completed: _____ <small>(Print Name)</small>	
Reviewer: _____ Title: _____ Signature: _____ <small>(Print Name)</small>	
Date received by AC: _____	
AC Use Only Date mailed/delivered to appellant ____ / ____ / ____	

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

E. Second Level - Staff Use Only Staff - Check One: Is CDCR 602-A Attached?  Yes  No

This appeal has been:  
 By-passed at Second Level of Review. Go to Section G.  
 Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cancelled (See attached letter)  
 Accepted at the Second Level of Review

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is:  Granted  Granted in Part  Denied  Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

AC Use Only  
Date mailed/delivered to appellant \_\_\_\_/\_\_\_\_/\_\_\_\_

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Parolee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

G. Third Level - Staff Use Only

This appeal has been:  
 Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Cancelled (See attached letter) Date: \_\_\_\_\_  
 Accepted at the Third Level of Review. Your appeal issue is  Granted  Granted in Part  Denied  Other: \_\_\_\_\_  
See attached Third Level response.

Third Level Use Only  
Date mailed/delivered to appellant \_\_\_\_/\_\_\_\_/\_\_\_\_

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inmate/Parolee Signature: \_\_\_\_\_ Date: \_\_\_\_\_









**STAFF USE ONLY** Expedited?  Yes  No Institution: \_\_\_\_\_ Tracking #: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Staff Name and Title (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**If you think you have a medical, mental health or dental emergency, notify staff immediately.** If additional space is needed, only one CDCR 602 HC A Health Care Grievance Attachment will be accepted. You must submit this health care grievance to the Health Care Grievance Office for processing. Refer to California Code of Regulations (CCR), Title 15, Section 3087 for further guidance with the health care grievance process.

**Do not exceed more than one row of text per line. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.**

Name (Last, First, MI): \_\_\_\_\_ CDCR #: \_\_\_\_\_ Unit/Cell #: \_\_\_\_\_

**SECTION A:** Explain the decision, action, condition, omission, policy, or regulation that has had a material adverse effect upon your health and welfare for which you seek administrative remedy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If you need more space, use Section A of the CDCR 602 HC A*

**Supporting Documents: Refer to CCR 3087.2.** List supporting documents attached:  
\_\_\_\_\_  
\_\_\_\_\_

**No, I have not attached any supporting documents.** Reason: \_\_\_\_\_

Grievant Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

**BY PLACING MY INITIALS IN THIS BOX, I REQUEST TO RECEIVE AN INTERVIEW AT THE INSTITUTIONAL LEVEL.**

**HEALTH CARE GRIEVANCE REVIEW INSTITUTIONAL LEVEL: Staff Use Only** Is a CDCR 602 HC A attached?  Yes  No

This grievance has been:  
 Rejected (See attached letter for instruction): Date: \_\_\_\_\_ Date: \_\_\_\_\_  
 Withdrawn (see section C)  
 Accepted Assigned To: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Interview Conducted?  Yes  No Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Interviewer Name and Title (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Reviewing Authority Name and Title (print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disposition:** See attached letter  Intervention  No Further Intervention  No Intervention

*If dissatisfied with Institutional Level Response, complete Section B.*

**HCGO Use Only:** Date closed and mailed/delivered to grievant: \_\_\_\_\_

1. Disability Code:  TABE score ≤ 4.0  DPH  DPV  LD  DPS  DNH  DDP  Not Applicable  
2. Accommodation:  Additional time  Equipment  SLI  Louder  Slower  Basic  Transcribe  Other\*  
3. Effective Communication:  Patient asked questions  Patient summed information **Please check one:**  Not reached\*  Reached \*See chrono/notes

4. Comments: \_\_\_\_\_

**STAFF USE ONLY**







**REASONABLE ACCOMMODATION REQUEST**

CDCR 1824 (rev. )

INSTITUTION (staff use only):	EC? Y / N	LOG NUMBER (staff use only):
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**\*\*\* TALK TO STAFF IF YOU HAVE AN EMERGENCY \*\*\***

Do not use a CDCR 1824 to request health care or to appeal a health care decision. This may delay your access to health care. Instead, submit a CDCR 7362 or a CDCR 602-HC.

Date Received by Staff (staff use only):

INMATE'S NAME (Print)	CDCR NUMBER	ASSIGNMENT	HOUSING
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**INSTRUCTIONS**

- You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.
- You may use this form to request a specific reasonable accommodation which, if approved, will enable you to access and/or participate in a program, service, or activity. You may also use this form to submit an allegation of disability-based discrimination.
- Submit this form to the Custody Appeals Office.
- The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.
- The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.
- If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or 602-HC if you are disagreeing with a medical diagnosis/treatment decision).

**WHAT CAN'T YOU DO / WHAT IS THE PROBLEM:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHY CAN'T YOU DO IT:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WHAT DO YOU NEED:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ (use the back of this form if you need more space)

<b>DO YOU HAVE ANY DOCUMENTS THAT DESCRIBE YOUR DISABILITY?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Sure <input type="checkbox"/>
(List and attach documents if available, including: 1845, 7410, 128-C): _____			

I understand staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.

\_\_\_\_\_ **INMATE'S SIGNATURE** \_\_\_\_\_ **DATE SIGNED**

Assistance completing this form provided by: \_\_\_\_\_

Last Name

First Name

Signature



NOTICE AND REQUEST FOR ASSISTANCE AT PAROLE PROCEEDING

BPH 1073

I. PRE-INTERVIEW FILE/DECS REVIEW (STAFF ONLY)

I acknowledge that I have reviewed all relevant and reasonably available central file and/or field file information and the Disability and Effective Communication System (DECS) prior to first contact with the inmate/parolee involved in this parole proceeding.

Print Name: Sign Name: Date:

Identified Disabilities

- Mental Health Concerns (Circle One) CCCMS EOP MHCB DMH 128C dated: DECS
Developmental Disability (Circle One) DD1 D1A DD2 DD3 128C-2 dated: DECS
Physical Disability (Circle all that apply) (verified on CDCR Form 1845) Dated DECS
Mobility: (DPW / DPO / DPM / DNM) Vision: (DPV / DNV) Hearing: (DPH / DNH) Speech: (DPS / DNS)
Other Disability (that limits access): document dated: DECS
Learning Disability documented on dated: DECS
NO DISABILITIES IDENTIFIED FROM THE FILE/DECS REVIEW.

Other Potential Assistance Needs:

- Reading Level Total GPL (If not available, note "N/A")
Non-English Speaking (List language(s) inmate/parolee speaks):

II. INMATE/PAROLEE RIGHTS & SELF IDENTIFICATION

You have the right to receive help for your hearing. If you need help talking, reading, hearing, seeing, understanding or getting to your hearing, you have a right to that help. You have a right to receive help in meeting with your attorney. If you do not speak English, you have a right to an interpreter. If you are deaf and use sign language, you have a right to a sign language interpreter. If you cannot read, the BPH or CDCR must provide you with help to read the forms and papers. If you need special transportation, the BPH or CDCR must provide it for you. If you do not get help, or you do not think you got the kind of help you need, ask for a BPH 1074 Grievance Form. IF YOU ARE CURRENTLY HOUSED IN A COUNTY JAIL, and need assistance of any kind, you may ask the Deputy for help, or ask for a county jail grievance form.

Check all that apply:

- I need help reading my documents. I need the following help to hear
I need help understanding the procedures and forms. I need the following help to see
I need a sign language interpreter. I need to communicate in writing.
I need a wheelchair and I do have one. I do not have one.
I do not speak English and need an interpreter in (language).
Other
I do not need any help for my parole hearing.

X Inmate/parolee signature CDCR # X Date Signed

III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

- I have requested an accommodation from county jail staff on behalf of the parolee. Accommodation:
County Jail Name: Date jail staff was notified:

I have informed inmate/parolee of his/her rights and charges, if any, and have determined that he/she:

- Appears to understand: without assistance / after assistance Appears to have difficulty understanding
Effective Communication Method Used: Foreign Language Interpreter - Telephonic Foreign Language Interpreter - Contractor (In-Person)
Foreign Language Interpreter - Certified DAPO Staff Sign Language Interpreter Read/Spoke Slowly Assistive Visual Device
Assistive Hearing Device Additional Comments:

Staff Name and Title (please print) Staff Signature Date

IV. BPH REVIEW FOR INTERNAL USE ONLY (Non-Lifer Cases)

- I have requested an accommodation from county jail staff on behalf of the parolee. Accommodation:
County Jail Name: Date jail staff was notified:

Accommodation(s)/Assistance to be provided at hearing(s):

Staff Name and Title (please print) Staff Signature Date



Log Number: \_\_\_\_\_

**A. INMATE OR PAROLEE TO COMPLETE BEFORE THE HEARING**

You have been given a state attorney to help you in preparation for and during your hearing. Fill out this form only if you did not get the other kinds of help for your disability that you asked for on your BPH Form 1073 or if new problems came up. You can ask your attorney or staff for help in filling out this form. If you need more space attach another sheet of paper.

1. Your complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What you want done: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Before the hearing, you should send this form as soon as possible to the BPH ADA Coordinator at 1515 K Street, Suite 600, Sacramento CA 95814, or give this form to a staff person, or your Attorney to send to the BPH ADA Coordinator. The decision will be sent to you within five (5) days from the date it was received by the ADA Coordinator, or before your parole proceeding (which ever comes first).

X \_\_\_\_\_  
(Print name) (Inmate or parolee sign here) CDCR Number Date

**B. RESPONSE TO A GRIEVANCE FILED BEFORE THE HEARING**

Date received by BPH: \_\_\_\_\_

Decision

Granted  Granted with Changes  Denied  No Action Required

DISCUSSION OF FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BASIS FOR DECISION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
BPH ADA Coordinator/Designee Signature

\_\_\_\_\_  
Date Completed

**INSTRUCTIONS TO INMATE OR PAROLEE**

If you have already had your hearing, did not like the decision made about the kind of help given, and want a new hearing, then fill out Section C, on page 2.



Log Number: \_\_\_\_\_

**C. INMATE OR PAROLEE TO COMPLETE AFTER THE HEARING**

I did not get all the help with my disability that I needed during the hearing. Earlier, I requested that help on the BPH Form 1073, or a new disability problem came up at the hearing. I need a new hearing with more help, because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Inmate/Parolee Print Name \_\_\_\_\_ Inmate/Parolee Sign Here \_\_\_\_\_ CDCR Number \_\_\_\_\_ Date \_\_\_\_\_

**D. RESPONSE TO A GRIEVANCE FILED AFTER THE HEARING**

Date Received by Quality Control Unit: \_\_\_\_\_ Type of Parole Proceeding: \_\_\_\_\_

Decision

Granted       Granted with Changes       Denied       Dismissed

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chief Deputy Commissioner/Designee Signature \_\_\_\_\_ Date Completed \_\_\_\_\_

**E. TO INMATE OR PAROLEE**

1. After the hearing the inmate, parolee, or their attorney may file the grievance, concerning denial of disability accommodations at the hearing, by mailing this form to:  
Board of Parole Hearings  
Quality Control Unit  
1515 K Street, Suite 600  
Sacramento, CA 95814
2. All ADA grievances related to parole revocations shall be answered within 10 days from the time they were received at BPH.
3. All ADA grievances for life prisoners shall be answered within 30 days from the time they were received at BPH.

NAME                                      CDC NUMBER                                      TYPE OF PROCEEDING                                      DATE OF PROCEEDING                                      LOCATION

## RIGHTS AND RESPONSIBILITY STATEMENT

*The California Department of Corrections and Rehabilitation has added departmental language (shown inside brackets, in non-boldface type) for clarification purposes.*

**Pursuant to Penal Code 148.6, anyone wishing to file an allegation of misconduct by a departmental peace officer must read, sign and submit the following statement:**

**YOU HAVE THE RIGHT TO MAKE A COMPLAINT AGAINST A POLICE OFFICER [this includes a departmental peace officer] FOR ANY IMPROPER POLICE [or peace] OFFICER CONDUCT. CALIFORNIA LAW REQUIRES THIS AGENCY TO HAVE A PROCEDURE TO INVESTIGATE CITIZENS' [or inmates'/parolees'] COMPLAINTS. YOU HAVE A RIGHT TO A WRITTEN DESCRIPTION OF THIS PROCEDURE. THIS AGENCY MAY FIND AFTER INVESTIGATION THAT THERE IS NOT ENOUGH EVIDENCE TO WARRANT ACTION ON YOUR COMPLAINT; EVEN IF THAT IS THE CASE, YOU HAVE THE RIGHT TO MAKE THE COMPLAINT AND HAVE IT INVESTIGATED IF YOU BELIEVE AN OFFICER BEHAVED IMPROPERLY. CITIZEN [or inmate/parolee] COMPLAINTS AND ANY REPORTS OR FINDINGS RELATING TO COMPLAINTS MUST BE RETAINED BY THIS AGENCY FOR AT LEAST FIVE YEARS.**

COMPLAINANT'S PRINTED NAME	COMPLAINANT'S SIGNATURE	DATE SIGNED	
INMATE/PAROLEE PRINTED NAME	INMATE/PAROLEE'S SIGNATURE	CDC NUMBER	DATE SIGNED
RECEIVING STAFF'S PRINTED NAME	RECEIVING STAFF'S SIGNATURE	DATE SIGNED	

DISTRIBUTION:  
ORIGINAL -  
Public - Institution Head/Parole Administrator  
Inmate/Parolee - Attach to CDC form 602  
Employee - Institution Head/Parole Administrator  
COPY - Complainant