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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 people in prison often have difficulty obtaining legal information and we cannot provide specific advice to everyone who requests 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 materials.

## **How to File CDCR Administrative Grievances and Appeals**

(revised December 2023)

People who are in prison or on parole can submit administrative grievances to report problems about actions taken by anyone who works for the California Department of Corrections and Rehabilitation (CDCR) or about CDCR policies, procedures, or conditions that affect them. People who are in CDCR custody but housed in facilities run by other agencies or companies can use the same forms and processes. By submitting a grievance, you may be able to resolve or at least draw attention to a problem. Furthermore, you will almost always have to “exhaust administrative remedies” by completing a grievance and appeal process before you file a habeas corpus petition or a lawsuit challenging a CDCR policy or action.

Most issues should be raised by submitting a CDCR 602-1 Grievance form, followed by a CDCR 602-2 Appeal of Grievance form if needed. However, issues about health care or health care staff should be submitted on a CDCR 602 HC Health Care Grievance form. Issues about disability accommodations can be submitted on a CDCR 1824 Disability Accommodation Request form or by a 602-1. This letter discusses the rules for submitting all of these types of forms, getting responses from CDCR staff, and taking issues to higher levels of review. This letter also describes special procedures that apply to claims about staff misconduct and to sexual abuse by either staff or other incarcerated people. The letter also briefly discusses the limited types of grievance procedures available for some Board of Parole Hearings (BPH) issues.

CDCR’s rules for administrative grievances and appeals are in Title 15 of the California Code of Regulations (CCR). Note that there also are CDCR rules about processes for people on the outside to report problems with their prison visits, mail, or publications or about their problems with staff misconduct. (See 15 CCR § 3179(b)-(c) (visiting); 15 CCR § 3137(c) (mail, publications); 15 CCR § 3417 (citizen’s complaints regarding staff misconduct).) These processes are not discussed in this letter.

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## **The CDCR 602 Grievance and Appeal of Grievance Process**

### **Step 1 (OPTIONAL): Try to Resolve the Problem Informally**

You do not have to try to resolve a problem informally before you submit a formal grievance. The CDCR rules no longer mention the CDCR Form 22 Inmate/Parolee Request for Interview, Item or Service. Be aware that any time you take to try to resolve a problem informally does **not** stop the clock for your deadline to submit a grievance or appeal of grievance. (15 CCR § 3481(c).) Also, informal requests do **not** exhaust administrative remedies for purposes of bringing a court action. (See page 16-17 of this letter for discussion of requirement for exhaustion of administrative remedies.)

### **Step 2: Decide If You Should Use the Regular CDCR 602 Forms/Process or Whether Other Grievance Forms/Processes Apply**

Before you submit a grievance, you need to figure out what type of grievance form and process applies to your issue:

- For **most types of prison issues**, you should use the regular CDCR 602-1 and 602-2 forms and process, described in the following sub-sections.
- For **staff misconduct grievances** and **grievances about sexual abuse by either staff or other incarcerated people**, you should use the regular CDCR 602-1 and 602-2 forms, but there are special procedures that apply, as described on pages 11-13 of this letter.
- For problems with **health care or misconduct by health care staff**, you should use the CDCR HC form and procedures, described on pages 12-14 of this letter.
- For **disability accommodation requests**, you should use the CDCR 1824 form and procedures, described on pages 14-15 of this letter.
- For **issues about policies or actions by the Board of Parole Hearings (BPH)**, there is no general grievance process. However, BPH does have grievance procedures for a few specific types of problems, as described on pages 15-16 of this letter.
- For **issues with policies or actions by some other government agency or official** (for example, a city police officer, county jail sheriff, court judge, or the Governor), you should not file a CDCR grievance. You will have to figure out if there is some other type of administrative or court remedy you can use to raise the issue.

### **Step 3: Fill Out and Submit Your CDCR 602-1 Grievance BEFORE THE DEADLINE RUNS OUT**

You start the formal grievance process by filling out and submitting a green CDCR 602-1 Grievance Form.

*The deadline for you to submit a CDCR 602-1 is within 60 calendar days after you know (or should reasonably have known) about the policy, decision, action, condition, or omission that you want to challenge.* (15 CCR

§ 3482(b).) The 60-day deadline may be extended while you are out to court, at an outside hospital, temporarily in a medical or mental health crisis bed, or actively fighting fires. (15 CCR § 3482(b).) The normal 60-day rule does not apply to a grievance about staff sexual abuse or sexual abuse by another incarcerated person; in those situations, there is no time limit for submitting a grievance. (15 CCR § 3084(c)(1), (d)(1).) If you don't meet a grievance deadline, your grievance can be rejected. (15CCR § 3483(g)(6).) Moreover, if your grievance is rejected for failure to meet a grievance deadline, you might not be able to exhaust your administrative remedies and thus might be barred from raising your issues in a court case. (See *Ngo v. Woodford* (9th Cir. 2008) 539 F.3d 1108; *Harvey v. Jordan* (9th Cir. 2010) 605 F.3d 681.)

The two-page CDCR 602-1 form (sample attached to this letter) is supposed to be available in all CDCR housing units, law libraries, and parole offices. (15 CCR § 3481(f).) Staff should provide reasonable accommodations to help you fill out and submit your grievance if you have a disability that affects reading or writing or if you don't write or read English well. (15 CCR § 3481(g); see also *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.) If you have a disability and feel uncomfortable asking staff for help with your grievance, ADA workers in your building can help you fill out the grievance. **Ask for help if you need it.**

The 602-1 form has lines for you to identify yourself and to sign and date the form. (Note: the CDCR no longer allows "group appeals" on behalf of a group of people who are concerned about the same issue; each person now must submit their own grievance.)

The form has a page and a half of space for you to write information about your problem and what you want to happen. *Do your best to write clearly.* Your focus should be on specifically describing the most relevant facts of what happened and what you want staff to do in response to your grievance. You should give the following information:

- What is the problem or issue? Include all issues that are related to each other, so that you do not risk waiving (giving up) your right to raise an issue in the future. If you believe your life, health, or safety are in immediate and serious danger, write that on the first line, emphasized with underlining or capital letters.
- When and where did the problem happen?
- Who was involved and what did they do?
- Are there witnesses or other people who can support your complaint? Give their names or any other information you have to identify those people.
- Did you try to informally resolve the complaint? If so, state what you did and what response you got, if any.
- What rule of policy or law are you relying on for your complaint, if known? Briefly state if there is a regulation, policy, statute, constitution section, or court case that you think has been violated. However, a grievance is not a legal brief, and you should not make lengthy legal arguments.

- What action would resolve your complaint? Say what you want prison officials to do. If there are several things you would like to have happen, or if there are alternatives that would be acceptable to you, try to cover all of them.
- Are there documents that would explain the situation or support your position? Attach copies of those documents, including any written decision you are challenging (for example, a rule violation report or a classification chrono). The copies will not be returned to you. If you don't have the documents or cannot get copies of them, make a list of each type of document you think exists, the date the document was issued (approximate if you need to), and a very short description of what you think it says.

(See 15 CCR § 3482(c).)

After you fill out the 602-1 form and attach any supporting documents, submit the papers to the Institutional Office of Grievances at the prison or designated for the re-facility or fire camp where you are housed. You can put your grievance in the internal prison mail or in a locked drop box in your unit; there may also be electronic kiosks or tablets available for submitting grievances. (15 CCR § 3482(a)(1).) If you are on parole, submit your grievance to the Regional Office of Grievances; parole staff are required to give you the addresses where you can mail or drop off a grievance, and let you know if there are any electronic kiosks or tablets for submitting grievances. (15 CCR § 3482(a)(2).)

It is a good idea to keep copies of your completed 602-1 form (even a handwritten copy is better than nothing) and supporting documents, and to write down the date and way that you submit your grievance. This information can be useful if staff lose your grievance papers or don't respond in a timely manner.

#### **Step 4: Receive the Response to Your CDCR 602-1 Grievance**

Staff at the Office of Grievances must review your 601-1 form within one business day after the office receives it. (15 CCR § 3483(a).) There are a few types of situations in which staff must take quick action after receiving your grievance. First, if your grievance contains information about an imminent danger to personal safety or institutional security, or of sexual abuse, staff must immediately take "appropriate" action and notify you about any such action within five business days. (15 CCR § 3483(a).) Second, if your grievance claims that your Earliest Possible Release Date (EPRD) is wrong and you are scheduled for release within 90 days of the date your grievance is received, staff must do a comprehensive review of your release date and provide you with the results within 30 calendar days. (15 CCR § 3483(a).)

The Grievance Coordinator shall refer your grievance to the Centralized Screening Team (CST) within 3 business days after your grievance is received. (15 CCR § 3483(b).) The CST screens all grievances to see whether the claim is a "routine claim" or a "staff misconduct" claim. (15 CCR § 3480(b)(4).) If CST finds your grievance is a routine claim, the procedures discussed in this part of this letter will apply. (15 CCR § 3483(d).) If the CST decides that your grievance is a staff misconduct claim, it will be handled using with special procedures described on pages 11-12 of this letter.

Within 4 business days after the Office of Grievances receives your 602-1 form, the Grievance Coordinator must send you a notice showing the date your grievance was submitted and

received, and date for the response. The notice also will inform you if your grievance has been disallowed. (15 CCR § 3483(c).) Along with the notice, your 602-1 form and any other documents you submitted will be returned to you. (15 CCR § 3482(e).) CDCR will keep an electronic copy of all of the papers you submitted. (15 CCR § 3482(f).)

The Office of Grievances has a deadline of 60 calendar days to respond to your claims. (15 CCR § 3483(g).) The deadline can be extended if there is a state of emergency. (15 CCR § 3383(d).) If you do not receive any response within the time limits, you can try submitting a new 602-1 form, stating the date you submitted your original grievance, any log number you received, and that you have not received a timely response.

As part of investigating your claims, the Office of Grievances can interview you or any witness that staff believe would be helpful. (15 CCR § 3483(e).) However, anyone who participated in the decision or action that you are challenging cannot conduct the interviews or make the decision on your claim. (15 CCR § 3483(f).)

There are 10 types of responses the Office of Grievances can issue. (15 CCR § 3483(g).) A copy of the response must be sent to you within 2 business days of the decision (15 CCR § 3483(i).)

<b>TYPE OF RESPONSE</b>	<b>EXPLANATION</b>	<b>EXHAUSTS REMEDIES?</b> See 15 CCR § 3483(l)
<b>Denied</b>	The reviewer found by a preponderance of the evidence that all applicable rules were followed. (15 CCR § 3483(g)(1).)	No. You can file an appeal.
<b>Granted</b>	The reviewer found by a preponderance of the evidence that all applicable rules were followed. The Office of Grievances shall order an appropriate remedy. (15 CCR § 3483(g)(2).)  The remedy shall be carried out within 30 calendar days after the response. There are exceptions: (1) if the remedy requires disbursement of funds, it must be carried out within 90 calendar days or, (2) if the remedy requires budget authorization outside CDCR authority, it must be carried out within one year. (15 CCR § 3483(j)(1).) See page 10 below for what to do if the remedy does not happen in a timely manner.	No. You can file an appeal.  Circumstances in which you might appeal a “grant” are if the decision does not actually resolve your concern or provide the remedy you want.
<b>No Jurisdiction</b>	The claim concerns a policy, decision, action, condition, or omission by some other entity or official (not CDCR). (15 CCR § 3483(g)(3).)	No. You can file an appeal.

<p><b>Redirected</b></p>	<p>Your claim is being forwarded to the appropriate authority for action under some other process.</p> <p>An issue about medical, dental, or mental health care or a policy, action, condition, or omission by health care staff will be forwarded to the Correctional Health Care Division. See pages 12-14 of this letter on health care grievances.</p> <p>A request for reasonable accommodation for a disability will be forwarded to the Institutional or Regional Americans with Disabilities Act (ADA) coordinator. See page 15 of this letter on ADA grievances.</p>	<p>No. You can file an appeal.</p>
<p><b>Redirected</b> (continued)</p>	<p>A request for an interview, item, assistance, or service shall be forwarded to a staff member designated to respond.</p> <p>A request for public records will be forwarded to the Institutional or Regional Public Records Act Coordinator.</p> <p>A request regarding a transgender person's housing or search preferences will be forwarded to the Prison Rape Elimination Act Compliance Coordinator. A complain regarding a transgender person's placement will be forwarded to the Departmental Review Board via the Office of Appeals.</p> <p>A claim against another person who is incarcerated or on parole will be forwarded to a staff member designated to respond.</p> <p>(15 CCR § 3483(g)(4).)</p>	
<p><b>Reassigned</b></p>	<p>A claim that involves events that all or mostly happened at another facility will be reassigned to the Office of Grievances at that facility. The response timeline still starts on the date your grievance was received by the first Office of Grievances.</p> <p>A request to implement a remedy will be reassigned to the Remedies Compliance Coordinator. See page 10 of this letter for more information.</p> <p>(15 CCR § 3483(g)(5).)</p>	<p>No. You can file an appeal.</p>
<p><b>Rejected</b></p>	<p>Your claim is being rejected for one of the following reasons:</p> <p>-- You did not meet the submission deadline. The Office of Grievances must tell you the starting date for your</p>	<p>No. You can file an appeal.</p>

<b>Rejected</b> (continued)	<p>deadline, the deadline date, and the date your grievance was received.</p> <ul style="list-style-type: none"> <li>-- Your claim concerns an expected policy, action, or problem that has not actually happened yet.</li> <li>-- Your claim is substantially the same as a claim you previously submitted (unless your prior claim was rejected because it was about something that had not yet happened).</li> <li>- Your claim concerns harm to someone else.</li> <li>-- Your claim concerns the legality of the grievance and appeal rules.</li> </ul> <p>(15 CCR § 3483(g)(6); see also 15 CCR § 3483(h).)</p>	
<b>Disallowed</b>	Grievance documents are contaminated with organic, toxic, or hazardous material that may present a threat to staff safety or institutional security. The documents will be discarded. (15 CCR § 3483(g)(7).)	No. You can file an appeal OR you can resubmit the grievance if within the normal time limits. (15 CCR § 3482(d)(3).)
<b>Identified as Staff Misconduct</b>	Your claim involves staff misconduct and was referred to the appropriate authority for gathering relevant facts. (15 CCR § 3483(g)(8).)	Yes. Your remedies are exhausted.
<b>Pending Legal Matter</b>	Your claim concerns pending litigation by someone else (but not a class action lawsuit), or pending legislation or regulatory action. (15 CCR § 3483(g)(9).)	Yes. Your remedies are exhausted.
<b>Time Expired</b>	The Office of Grievances was not able to respond to your claim within 60 calendar days, and this is the only response you will receive. (15 CCR § 3483(g)(10).)	Yes. Your remedies are exhausted.

**Step 5 (IF NEEDED): Fill out and Submit a CDCR 602-2 Appeal of Grievance BEFORE THE DEADLINE RUNS OUT**

If you receive response to your grievance that is appealable (see Step 4, above), and you are not fully satisfied with that response, then you can appeal the decision or the remedy. (15 CCR § 3484.) *The deadline for submitting your appeal is 60 calendar days after you know (or should*

***reasonably have known) about the grievance response.*** (15 CCR § 3484(b).) The deadline may be extended while you are out to court, at an outside hospital, temporarily in a medical or mental health crisis bed, or actively fighting fires. (15 CCR § 3484(b)(1)-(4).)

Use the two-page CDCR 602-2 Appeal of Grievance form (sample attached to this letter). Fill out your identifying information and sign and date the form. For each claim you are appealing, describe why you are dissatisfied with the response. (15 CCR § 3484(c).) Don't add any new claims or submit new supporting documents, as they will not be considered. (15 CCR § 3485(e).) Also, do not submit your original grievance, supporting documents, or response, as any documents you submit other than the 602-2 form will not be returned to you. (15 CCR § 3484(e).)

Send the form and supporting documents in the regular mail to: Office of Appeals, CDCR, P.O. Box 942883, Sacramento, CA 95811. Some facilities may give you access to an electronic kiosk or tablet on which you can submit your appeal. (15 CCR § 3484(a).)

## **Step 6: Receive the Response to Your CDCR 602-2 Appeal of Grievance**

A reviewer at the Office of Appeals must review your 602-2 form within one business day after the office receives it to determine if it concerns imminent risk to personal safety or institutional security, or of sexual abuse. If there is such a risk, staff must refer the matter back to the local Institutional or Regional Office of Grievances to immediately take "appropriate" action. You must be notified of any immediate action within five business days. (15 CCR § 3485(a); 15 CCR § 3483(a).)

The Appeal Coordinator must send you a notice that your appeal has been received within 4 business days after receipt. The notice must state the dates the appeal was submitted and received, the due date for the response, and whether any claims have been disallowed. (15 CCR § 3485(c).)

The Office of Appeals shall review your original grievance, the response, records of any interviews that were conducted, and any relevant records in the CDCR system. (15 CCR § 3486(g).)

The Office of Appeals can issue the same types of decisions as an Office of Grievances; the various types of decisions are listed in the chart on pages 6-8 of this letter. (15 CCR § 3485(g).) However, any type of appeal response should "exhaust your administrative remedies." The exception may be if your appeal is reassigned to the Institutional or Regional Office of Grievances because (1) you did not submit your grievance to the Office of Grievances before submitting your appeal or (2) you submitted your grievance properly, but the Office of Grievances did not answer it. (15 CCR § 3485(g)(5).) Also, if your appeal is actually a request to implement a remedy that was ordered for your original 602-1 grievance, then your appeal will be reassigned to the Remedies Compliance Coordinator for action (see Extra Step, discussed on p. 9 of this letter). (15 CCR § 3485(g)(5).)

The Office of Appeals is supposed to complete a written response to your appeal within 60 calendar days after your appeal was received. (15 CCR § 3485(g).) A copy of the response must be sent to you within 2 business days of the decision. (15 CCR § 3485(i).) A copy of your 602-2 form will be returned to you at the same time. (15 CCR § 3484(e).)

During some periods, “Time Expired” responses to appeals have been quite common. Although such responses do exhaust your administrative remedies, they are problematic because Headquarters-level CDCR staff are not actually considering or acting on potentially important issues.

If the Office of Appeals grants one or more of your claims, a copy of the decision shall be sent to the Institutional or Regional Grievance Coordinator. (15 CCR § 3485(i).) Generally, the remedy to your claim must be carried out no later than 30 calendar days after the decision is sent to you. (15 CCR § 3485(j)(1).) There are two exceptions: (1) if the remedy requires disbursement of funds, then the remedy timeline is 90 days, or (2) if the remedy requires budget authorization by an authority outside the CDCR, then the remedy must be carried out within 1 year. (15 CCR § 3485(j).) See page 10 of this letter for what to do if the deadline passes and you have not gotten the remedy you were promised.

Completion of the appeal process exhausts all CDCR administrative remedies. If the appeal decision was denied, granted, no jurisdiction, referred for examination, pending legal matter, or time expired (15 CCR § 3485(g)(8)-(10), (l)(i).) However, a decision to redirect, reassign, reject, or disallow a claim does constitute exhaustion of all available administrative remedies. (15 CCR § 3485(l)(ii).)

### **Extra Step (IF NEEDED): Fill out and Submit a CDCR 602-3 Request to Implement Remedies**

There is a process to make a “Request to Implement Remedies” when a reviewer has granted a claim in your grievance or appeal, but the promised remedy is not carried out within the deadline. Fill out a one-page CDCR 602-3 Request to Implement Remedies form (sample attached to this letter) with information about yourself, your claim, and the remedy that was promised, and sign and date the form. Send the form in the U.S. mail to Remedies Compliance Coordinator, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 95811. (15 CCR § 3483(j)(2); 15 CCR § 3485(j)(2).)

### **Special Rules for CDCR 602-1 Sexual Abuse Grievances and Appeals**

You can file a CDCR 602-1 Grievance to raise issues about sexual assault, misconduct, or harassment by either staff or other people in prison. These are called “PREA” appeals, for the Prison Rape Elimination Act that requires prisons to have zero-tolerance of sexual abuse. Sexual abuse grievances are the only issues for which one person can submit a grievance on behalf of another person. (15 CCR § 3084(b).)

There are *no* time limits for filing a grievance alleging sexual violence by other people in prison or sexual misconduct by staff. (15 CCR § 3084(c)(1), (d)(1).)

CDCR officials are supposed to review your grievance immediately, take immediate action to protect you if you are in “substantial risk of imminent” sexual violence by staff or another incarcerated person or sexual misconduct or harassment by staff, and give you an initial response within 48 hours. Within 5 calendar days, officials must document the risk assessment and any actions that were taken to protect you. If you do not get responses within these timeframes, you can consider this a denial of your grievance and you can file an appeal. (15 CCR § 3084(a), (c), (d).)

Note that there are some issues for which you should file a CDCR 602 HC Health Care Grievance instead of a regular CDCR 602-1 Grievance. File a CDCR 602 HC Health Care if your claim is about sexual misconduct by health care staff, or if health care staff do not provide an appropriate forensic medical examination after a sexual assault or do not provide satisfactory medical or mental health care after a sexual assault.

### **Special Rules for CDCR 602-1 Staff Misconduct Grievances and Appeals**

Staff misconduct is behavior that violates a law, regulation, policy, or an ethical or professional standard; examples are when staff engage in brutality, harassment, or blatant failure to follow the prison rules or policies. (15 CCR § 3480(a)(14).) You can file a CDCR 602-1 Grievance to raise issues about staff misconduct; note that the old rule requiring that you also file a “Rights and Responsibilities Statement” has been repealed. If your issue is found to be a staff misconduct claim at either the grievance or appeal level, the response will be that your claim is being “Referred for Examination” in accord with the special rules and procedures that apply to investigation of staff misconduct complaints. (15 CCR § 3483(g)(8).) A “Referred for Examination” response exhausts your administrative remedies. (15 CCR § 3483(l); 15 CCR § 3485(g)(8).)

A Centralized Screening Team (CST) screens your 602-1 grievance (or other type of grievance like a 602 HC Health Care Grievance or Form 1824 Reasonable Accommodation Request) to determine whether you are complaining about staff misconduct. (15 CCR §§ 3486-3486.1) CST staff first determine whether your grievance contains information about an imminent risk to personal safety or institutional security or about sexual abuse or sexual misconduct; in those cases the CST will immediately notify the appropriate supervising official (called the “hiring authority”) to take “appropriate” action. (15 CCR § 3486.1(b).) The CST may interview people as needed before making the screening decision. (15 CCR §§ 3486.1(c).)

The CST then decides whether to refer your staff misconduct claim to the CDCR Office of Internal Affairs (OIA) for an “investigation” or to the hiring authority for an “allegation inquiry.” There is an “Allegation Decision Index” that lists the types of misconduct that must be referred for an OIA investigation, but the CST also has discretion to refer other types of cases to the OIA. (15 CCR § 3486.1(d).) You should be notified that your complaint has been received within 30 business days after receipt. (15 CCR § 3486.1(g).)

If your staff misconduct complaint is sent to the OIA, the assigned OIA investigator will conduct an investigation and prepare a confidential draft Investigation Report. (15 CCR § 3486.2(a)-(b)(4).) An OIA manager will review the draft to determine whether the investigation is complete, sufficient, and unbiased. In some cases, an attorney for CDCR (called a “Vertical Advocate” or “VA”) will also review the draft. (15 CCR § 3486.2(b)(4).) When the Investigation Report is finalized, it will be sent to the hiring authority. (15 CCR § 3486.2(b)(4).) If the hiring authority thinks the investigation was insufficient, they can request additional investigation. (15 CCR § 3486.2(b)(4)(E).)

If your staff misconduct complaint is sent to the hiring authority for an Allegation Inquiry, the inquiry will be conducted by a Locally Designated Investigator (LDI), who is a staff person trained by OIA and at least one rank higher than the highest-ranking staff member named in your complaint. (15 CCR § 3486(b)(13); 15 CCR § 3486.2(c)(1)-(2).) The LDI will investigate and write a

confidential draft Allegation Inquiry Report. (15 CCR § 3486.2(c)(3).) The draft will be reviewed by an OIA manager to ensure it is sufficient, complete and unbiased. (15 CCR § 3486.2(c)(4).) Once the report is finalized, it will be sent to the hiring authority. (15 CCR § 3486.2(c)(4)(B).) The hiring authority then has several options. They can (1) decide that no adverse action will be imposed and issue one of the findings discussed in the following paragraph; (2) request approval from OIA for direct adverse action, or (3) request investigation by OIA. (15 CCR § 3486.2(c)(4)(C)-(F).)

Once an investigation report, allegation inquiry report, or approval from the OIA for direct adverse action is completed, the hiring official will make one of the following determinations for each allegation:

- **Not Sustained:** there was not a preponderance of evidence to prove or disprove your allegation;
- **Unfounded:** there was proof the alleged acts did not occur, or proof that the employee named in your complaint did not take part in any acts that may have occurred;
- **Exonerated:** The acts you alleged did occur; but those acts were justified, lawful, and proper;
- **Sustained:** a preponderance of evidence proves your allegations;
- **No finding:** another agency was involved and you are being referred to that agency, or you are no longer available for clarification of facts/issues.

(15 CCR § 3486.3(a).) The hiring authority shall notify you in writing of the decision within 30 days of the determination. However, you will be told only whether the complaint was sustained, not sustained, exonerated, or unfounded, without details as to the specific findings. (15 CCR §§ 3486.3(c).) If your allegation of staff misconduct is sustained, the hiring authority shall take corrective or adverse action in accord with the employee discipline rules. (15 CCR § 3486.3(b).)

## CDCR 602 HC Health Care Grievances

CDCR has a separate blue CDCR 602 HC Health Care Grievance Form (sample copy attached to this letter) and process for grievances and appeals about health care (medical, dental, and mental health) or about misconduct by health care staff.

You should not file a health care grievance about a treatment need unless you have first tried to get attention through regular health care processes, like a CDCR 7362 Health Care Services Request Form. (15 CCR § 3999.226(a)(3).) Also, you cannot submit more than one 602 HC every 14 calendar days, unless your 602 HC is accepted for expedited (faster than normal) processing. (15 CCR § 3999.226(c).) Further, your right to file 602 HC grievances can be restricted if you “abuse” the process by submitting more than one health care grievance within 14 calendar days (unless your grievance is accepted for expedited review), repeatedly submitting health care grievances that have been rejected and without following with the rejection instructions, or continuing to submit grievances that don’t comply with the rules. You should be given a verbal and written warning. (15 CCR § 3999.236(b).) Also, a Headquarters level official can issue an order restricting you to one

routine health care grievance every 30 calendar days for a period of up to one year; further “abuse” can result in extension of the restriction for one additional year. (15 CCR § 3999.236.)

*The deadline for submitting a 602 HC is within 30 calendar days after the event or decision that you are challenging or within 30 calendar days after you first learn about that event or decision.* (15 CCR § 3999.227(b).) If you don’t meet the deadline, you should explain on the 602 HC why you could not submit it on time or why staff should look into your problem anyway. Staff can decide that there is good reason to process your grievance even though it is late. (15 CCR § 3999.228(d).)

Fill out Part A of the 602 HC form with information including the date of the action you are challenging, any information you have that identifies the staff involved, and a description of what happened and why it is a problem. If your problem is urgent and you want expedited processing, say so at the start of Part A. Date and sign the form. If you want to be interviewed by staff, put your initials in the box. Either attach any supporting documents (for example, the CDCR 7362 you submitted or a medical record showing what medication or treatment was prescribed) OR explain in the space provided why you did not attach 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 to this letter). Send the 602 HC and attachments to the Health Care Grievance Office at the prison where you are housed. (15 CCR § 3999.227.) You can ask staff if you need help to fill out and submit the form.

When the Health Care Grievance Office (HCGO) receives your 602 HC, a health care professional who is at least a Registered Nurse (RN) must screen your grievance 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 problem is urgent so that the response must be expedited. (15 CCR § 3999.228(b).) If the screener decides your issue needs an expedited response, the response must be completed and provided to you within five business days. (15 CCR § 3999.233(b).) For non-urgent issues, then the normal deadline for a response is within 45 business days after your grievance is received by the HCGO. (15 CCR § 3999.228(i).) The deadline can be extended if you, staff, or witnesses are not available, or if the issue is complex and requires additional research, or if there is a state of emergency. (15 CCR § 3999.233(a).)

The Health Care Grievances Office can “reject” your 602 HC grievance, meaning you won’t get a response to the issue you raised. If your grievance is rejected, your 602 HC will be returned to you with the “Rejected” box checked, and you must be notified about any action you can take to correct the problem so that you can resubmit the grievance. Your grievance can be rejected for any of the following reasons: (1) you did not follow all the rules for submitting a grievance, (2) your grievance concerns an expected action or decision that hasn’t happened yet, (3) you did not first try to get health care services through regular processes, (4) you submitted a grievance on behalf of someone else, (5) you got moved out of CDCR (for example, sent to an outside hospital or out to court) and you aren’t expected to return until after the deadline for responding to your grievance expires, (6) your grievance is a duplicate of one you already filed and doesn’t show a good reason for a new review, or (7) you tried to file a “group” grievance with other people about the same issue. (15 CCR § 3999.234.)

If your grievance is accepted, a reviewer may interview you if you asked for an interview or if staff believe an interview is necessary. Health care staff who participated in the event or decision you are challenging may not be the ones to interview you. If multiple people submit 602 HCs about the same problem, staff may interview only the person who filed the first 602 HC. (15 CCR § 3999.228(f), (h).)

If your issue is about health care staff misconduct, your grievance must be forwarded to a reviewer within five business days to decide what (if any) follow-up will be done. Complaints about excessive or inappropriate use of force or sexual misconduct will be addressed using the same procedures as for regular 602s regarding staff use of force and sexual misconduct, as described at pages 11-12 of this letter. (15 CCR § 3999.231.)

You can agree to withdraw a health care grievance, except for a staff complaint. The reason you are withdrawing must be described in Section E of the CDCR 602 HC and signed and dated by you. If you withdraw your grievance or appeal because you were promised some type of relief – and that relief is not provided – then you can submit a new 602 HC grievance within 30 calendar days after the failure to receive relief. (15 CCR § 3999.235.)

You won't receive a response to your grievance if you are transferred out-to-court or to an outside hospital and are not expected to return before the response deadline runs out; you can resubmit your grievance when you get back to CDCR. (15 CCR § 3999.237(a).) You also won't receive a response if you are paroled or discharged before the response deadline expires. (15 CCR § 3999.237(b).)

If you are not satisfied with the response to your health care grievance, you can submit an appeal for a Headquarters' level of review. *The deadline to submit your appeal is within 30 calendar days, plus 5 calendar days for mailing, starting from the "date closed and mailed/delivered to grievant" listed on the 602 HC form.* (15 CCR § 3999.229(a).) If you do not meet the deadline, you should explain why you could not file your appeal on time or why it is important to address your problem; the reviewers can decide that there is good reason to process your appeal even though it is late. (15 CCR § 3999.230(d).)

To appeal, fill out Part B of the 602 HC form, (and section C of the 602 HC A if you need more space), and attach any supporting documents including letters or notices you received in response to your grievance. Sign and date Part B. (15 CCR § 3999.229(a).) Then send the 602 HC form and attachments by U.S. Mail to the Health Care Correspondence and Appeals Branch (HCCAB), P.O. Box 588500, Elk Grove, CA 95758. (15 CCR § 3999.229.) If your grievance was processed on an expedited basis at the institution level, you can submit your appeal by sending your 602 HC and documents back to the institution's Health Care Grievance Office and asking for continued expedited processing. (15 CCR § 3999.229(a)(4).)

When you submit your 602 HC to Headquarters, a health care staff person who is at least an RN will screen it within one business day after it is received. Headquarters level staff must then respond to your appeal within 60 working days after they received it; in addition to addressing your original issue, the reviewer can (but doesn't have to) respond to any new issues that you added when you appealed. (15 CCR § 3999.230.) If expedited processing is granted, the Headquarters review must be completed within five working days. (15 CCR § 3999.233(b).) The response deadline can be extended if you, staff, or witnesses are not available, or if the issue is complex and requires additional research, or if there is a state of emergency; you must be notified if there is a delay and told the estimated completion date. (15 CCR § 3999.233(a), (d).)

A 602 HC appeal can be rejected for the same reasons and in the same manner as a 602 HC grievance at the institution level. (15 CCR § 3999.234.)

A Headquarters level 602 HC review exhausts your administrative remedies. (15 CCR § 3999.230(j).)

## **CDCR 1824 Reasonable Modification or Accommodation Requests**

There is a special form and process for people with disabilities to submit grievances asking for fair treatment or for access to CDCR services or programs. This process is governed by the *Armstrong Remedial Plan* (Jan. 3, 2001) and the CDCR, *1824 Desk Reference Manual*, dated Oct. 2, 2017.

If you feel you are being discriminated due to your disability or you want accommodations or assistance for your disability, you should submit a yellow CDCR 1824 Reasonable Modification or Accommodation Request form (sample attached to this letter) and submit it to the Appeals Office via prison mail or a drop box. 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.

Your 1824 request must be screened for urgent medical or mental health issues within one day after it is received by the appeals office. Your 1824 must then be reviewed by a Reasonable Accommodation Panel (RAP) during the weekly RAP meeting. The RAP includes medical and custody staff. The RAP must provide you with a substantive response within 30 calendar days of when your 1824 was received. (CDCR, *1824 Desk Reference Manual*, dated Oct. 2, 2017.)

If you do not agree with the response, you can submit either a 602-2 appeal of grievance or a 602 HC to the CDCR Headquarters level (there should be instructions in the 1824 response telling you which to file). Any request that should be addressed by medical staff should go on a 602 HC, and any request that should be addressed by custody staff should go on a 602-2. In your 602 HC or 602-2, you should explain why you disagree with the RAP response and attach a copy of the RAP response. The normal procedures and time limits for submitting and responding to 602-2s and 602 HCs will apply. (CDCR, *1824 Desk Reference Manual*, dated Oct. 2, 2017.)

## **Board of Parole Hearings (BPH) Grievances (LIMITED TOPICS ONLY)**

The Board of Parole Hearings (BPH) is the part of CDCR that makes decisions to find people suitable or unsuitable for parole (including special types of parole like elderly parole, “youth offender” parole, or Proposition 57 “non-violent offender” parole). BPH does not have a general administrative remedies process. This means that you usually do not have to go through any grievance or appeal procedure before you can file a court case challenging a decision or policy made by BPH officials or staff. However, the BPH does have processes for requesting reviews of some types of decisions; if you want to challenge one of these types of decisions you should ask for a BPH review in order to be sure to “exhaust your administrative remedies.”

You can **request disability accommodations and complain about disability discrimination**. Examples of accommodations include ensuring accessibility to the hearing room if you have mobility impairments; braille or taped documents or reading assistance if you are vision-impaired; assistance in communicating if you have a developmental disability; or sign language interpretation if you are hearing impaired. You must be given the opportunity to fill out and submit a BPH Form 1073 Notice and Request for Assistance at Parole Proceeding prior to your hearing (sample copy attached to this letter). You should ask staff or your attorney if you need help filling out or submitting the form. If your 1073 request is denied or if the accommodations you received were not satisfactory, you can appeal by using BPH Form 1074 Request for Reasonable Accommodation-Grievance Process (sample copy attached to this letter). Submit your grievance

immediately to the BPH Americans with Disabilities Act (ADA) Coordinator if you haven't yet had your parole hearing; you must get a response within five calendar days or before your parole proceeding, whichever is first. If you submit your form after your hearing, send it to the BPH Quality Control Unit so that it is received no later than 90 calendar days after you got the denial of your accommodation request; the BPH must respond within 10 calendar days after receiving your 1074 if your issue is about a parole revocation and within 30 calendar days for other issues. When responding to your 1074 grievance, the BPH can either (1) order a new hearing with accommodations, (2) deny your grievance, (3) issue a new hearing decision, or (4) dismiss your grievance if it raises an issue that should be handled through a CDCR appeal process, is outside BPH authority, is premature, or was filed late. Completing the 1074 grievance process exhausts your administrative remedies for BPH ADA issue. (*Armstrong v. Schwarzenegger* (2002) No. C94-2307CW, Revised Permanent Injunction; 15 CCR §§ 2251.5.-2251.7)

You can request review of a **decision denying your request to advance a hearing date** by submitting a written request letter asking for review to the BPH, P.O. Box 4036, Sacramento, CA 95812. Explain why the decision was wrong and provide any new information that was not available before the denial. You must submit your request for review within 30 calendar days after you receive the denial. (15 CCR § 2157(a).) You must receive a response within 15 business days after the BPH receives your request for review. (15 CCR § 2157(c).)

You can object to **factual errors in comprehensive risk assessments** (CRAs) that are prepared for your BPH hearings. Your written objection letter must be received by the BPH no later than 30 calendar days before the hearing; a late objection can be considered if there was good cause for the delay. Send your objection to "Attention: BPH chief counsel/risk assessment objection," BPH, P.O. Box 4036, Sacramento, CA 95812. You and/or your attorney must receive a response no later than 10 calendar days before the hearing. (15 CCR § 2240(e)-(i).)

You can request review of a BPH **finding that BPH does not have jurisdiction to schedule you for a Proposition 57 "nonviolent offender" parole hearing**. Send your letter requesting review within 30 calendar days after you get the decision to BPH, P.O. Box 4036, Sacramento, CA 95812. A BPH official must make a decision within 30 days and give you a copy of the written response within 15 calendar days after the decision is made. (15 CCR § 2449.31(e); 15 CCR § 2449.34.)

You can request review of a BPH **finding that you are unsuitable for Proposition 57 "nonviolent offender" parole or vacating a Proposition 57 parole grant**. Your letter requesting review must be received by the Board within 30 calendar days after the denial decision. The address is BPH, P.O. Box 4036, Sacramento, CA 95812. A BPH officer who was not involved in the decision will conduct a review within 30 calendar days after your request is received, and you must be notified of the outcome within 15 business days after the decision is made. (15 CCR § 2449.7.)

If you disagree with a CDCR decision that **you are not eligible for "youth offender" parole consideration** or if you disagree with the **CDCR's calculation of your youth offender parole date**, you must first complete the regular 602 grievance and appeal process. If your 602s are denied, you can submit a written request letter asking the BPH to review the decision, explaining why you think the decision was wrong and attaching any relevant documents. The address is Chief Counsel, BPH, P.O. Box 4036, Sacramento, CA 95812. You must receive a response within 60 calendar days after the BPH receives your request. (15 CCR § 2442.)

## Court Requirements for Exhaustion of Administrative Remedies

Courts usually refuse to address complaints about prison or parole issues unless the person first completes the prison or parole agency's grievance and administrative appeal process. In other words, you must "exhaust administrative remedies" before asking a court to step in.

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 or parole issue (*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 remedies process. A court may find that exhaustion is not required where your requested action cannot be granted by an administrative remedies or it is clear under established CDCR policy that any administrative remedies will be denied. You 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 remedies 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 getting a grievance 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 remedies 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 person can use it; or (3) officials stop people from using their administrative remedies by tricks, misrepresentation, or intimidation. (*Ross v. Blake* (2016) 578 U.S. 632 [136 S.Ct. 1850; 195 L.Ed.2d 117]; *McBride v. Lopez* (9th Cir. 2015) 807 F.3d 982.) Also, if your request for relief is fully granted at a lower level, 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 highest level. (*Harvey v. Jordan* (9th Cir. 2010) 605 F.3d 681.)

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

Note that if you want to file a state tort lawsuit asking for money damages for lost property or for a physical or mental injury, you must complete the state's Government Claims process in

addition to completing any available CDCR or BPH grievance process. Government Claim forms are submitted to the Department of General Services, Office of Risk and Insurance Management. Prison staff should provide forms and the address for such claims. Information and forms can also be found at [www.dgs.ca.gov](http://www.dgs.ca.gov). The deadline for filing a Government Claim is within six months after the loss, damage, or injury; if you miss the deadline you can ask for permission to file a late claim. Because of the short timeline, you may need to file your Government Claim before you finish the CDCR grievance process. For more information on taking steps to protect your right to sue prison officials for money damages, write to the Prison Law Office and ask for the manual on *Lawsuits for Money Damages Against California Prison Officials*. The manual is also on the Resources page at [www.prisonlaw.com](http://www.prisonlaw.com).

There is more information on your legal rights and on how to protect your rights in *The California Prison and Parole Law Handbook*, published by the Prison Law Office. The *Handbook* is in the Facility Information and Lexis-Nexis materials on CDCR electronic tablets and kiosks. The version in Lexis-Nexis has more search functions and links to the cases, statutes, and regulations cited in the *Handbook*. People with internet access can view and print the *Handbook* on the resources page at [www.prisonlaw.com](http://www.prisonlaw.com).



## DEPARTMENT OF CORRECTIONS AND REHABILITATION

[illegible]

**Claimant Signature:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**APPEAL OF GRIEVANCE**

CDCR 602-2 (Rev. 01/22)

Page 1 of 2

<b>STAFF USE ONLY</b>	OGT Log No: _____ Date Received: _____
	Decision Due Date: _____
	Categories: _____

Claimant Name: \_\_\_\_\_ CDCR #: \_\_\_\_\_

Institution/Parole Region: \_\_\_\_\_ Current Housing/Parole Unit: \_\_\_\_\_

**STAFF USE ONLY**Use this form to appeal a decision or a remedy by the Office of Grievances.

Do not include new complaints on this form, they must first be filed with the Office of Grievances on a Form 602-1.

OGT Log No: \_\_\_\_\_ Claim No: \_\_\_\_\_

Explain the reason for your appeal. Be as specific as you can.

*I am dissatisfied with the response I was given because* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form shall be submitted by mail to:**  
 Office of Appeals  
 Department of Corrections and Rehabilitation  
 P.O. Box 942883  
 Sacramento, CA 95811

**IMPORTANT:**

The Office of Appeals will consider all of the supporting documentation you previously submitted to the Office of Grievances when reviewing your appeal, but will not consider any new documentation.

Therefore, it is recommended you not attach any documentation to this form.

**Furthermore, any documentation you attach to this form will not be returned to you.**

Claimant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

*I am dissatisfied with the response I was given because \_\_\_\_\_*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**REQUEST TO IMPLEMENT REMEDIES**

CDCR 602-3 (Rev. 01/22)

Page 1 of 1

**STAFF USE ONLY**

OGT Log No: \_\_\_\_\_ Date Received: \_\_\_\_\_

Remedy Confirmed: \_\_\_\_\_ Remedy Unconfirmed: \_\_\_\_\_

Screen Out: \_\_\_\_\_ Status Letter: \_\_\_\_\_ Resolved: \_\_\_\_\_

Claimant Name: \_\_\_\_\_ CDCR #: \_\_\_\_\_

Institution/Parole Region: \_\_\_\_\_ Current Housing/Parole Unit: \_\_\_\_\_

Use this form to ask for a remedy that was granted but is overdue.

Do not include new complaints on this form, they must first be filed with the Office of Grievances on a Form 602-1.

Claim No: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Description of Remedy: \_\_\_\_\_

**This form must be submitted by mail to:**Remedies Compliance Coordinator  
Department of Corrections and Rehabilitation  
P.O. Box 942883  
Sacramento, CA 95811**IMPORTANT:**

The Remedies Compliance Program is only intended to resolve delays in the implementation of a remedy previously granted by the Office of Grievances or the Office of Appeals; it is not intended for new issues, to seek additional remedies, or to dispute the remedy provided.

When reviewing this request, the Office of Appeals will consider all of the supporting documentation you previously submitted to the Office of Grievances but will not consider any new documentation.

Therefore, it is recommended you not attach any documentation to this form.

**Furthermore, any documentation you attach to this form will not be returned to you.**

Claimant Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_



<p>1. Disability Code:</p> <p><input type="checkbox"/> TABE score <math>\leq</math> 4.0</p> <p><input type="checkbox"/> DPH <input type="checkbox"/> DPV <input type="checkbox"/> LD</p> <p><input type="checkbox"/> DPS <input type="checkbox"/> DNH</p> <p><input type="checkbox"/> DDP</p> <p><input type="checkbox"/> Not Applicable</p>	<p>2. Accommodation:</p> <p><input type="checkbox"/> Additional time</p> <p><input type="checkbox"/> Equipment <input type="checkbox"/> SLI</p> <p><input type="checkbox"/> Louder <input type="checkbox"/> Slower</p> <p><input type="checkbox"/> Basic <input type="checkbox"/> Transcribe</p> <p><input type="checkbox"/> Other*</p>	<p>3. Effective Communication:</p> <p><input type="checkbox"/> Patient asked questions</p> <p><input type="checkbox"/> Patient summed information</p> <p><b>Please check one:</b></p> <p><input type="checkbox"/> Not reached* <input type="checkbox"/> Reached</p> <p>*See chrono/notes</p>	<p><b>STAFF USE ONLY</b></p>
<p>4. Comments: _____</p>			

Tracking #:

**SECTION C:**

**Health Care Grievance Appeal.** If you are dissatisfied with the Institutional Level Grievance Response, explain the reason below (if more space is needed, use Section C of the CDCR 602 HC A), and submit the entire health care grievance package by mail for Headquarters' (HQ) Level health care grievance appeal review. Mail to: Health Care Correspondence and Appeals Branch, P.O. Box 588500, Elk Grove, CA 95758.

Grievant Signature:

Date Submitted:

**SECTION D: HEALTH CARE GRIEVANCE APPEAL REVIEW HQ 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 E) ☐ Accepted

☐ Amendment Date: \_\_\_\_\_

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

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

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

***This decision exhausts your administrative remedies.***

**HQ Use Only:** Date closed and mailed/delivered to grievant:

**SECTION E:**

**Grievant requests to WITHDRAW health care grievance:** I request that this health care grievance be withdrawn from further review. Reason:

Grievant Signature:

Date Submitted:

Staff Name and Title (Print):

Signature:

Date:

**STAFF USE ONLY**

Distribution: **Original** - Returned to grievant after completed; **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

*Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.*

## Tracking #:

**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 Number:

Unit/Cell Number:

**SECTION A:** Continuation of CDCR 602 HC, Health Care Grievance, Section A only (Explain the applied health care policy, decision, action, condition, or omission that has had a material adverse effect upon your health or welfare for which you seek administrative remedy):

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

**SECTION B:** Staff Use Only: Grievants do not write in this area. Grievance Interview Clarification. Document issue(s) clarified during interview.

**Name and Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**STAFF USE ONLY**

Tracking #:

[illegible]

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

<b>SECTION D:</b>	Staff Use Only: Grievants do not write in this area. Grievance Appeal Interview Clarification. Document issue(s) clarified during interview (If necessary at HQ Level).

**Name and Title:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date :** \_\_\_\_\_

**STAFF USE ONLY**

**Distribution: Original** - Returned to grievant after completed, **Scanned Copy** - Health Care Appeals and Risk Tracking System 2.0 (Do not place in central file or health record)

*Unauthorized collection, creation, use, disclosure, modification or destruction of personally identifiable information and/or protected health information may subject individuals to civil liability under applicable federal and state laws.*

**REASONABLE ACCOMMODATION REQUEST**  
**CDCR 1824 (Rev. 09/17)**

Page 1 of 1

<b>INSTITUTION</b> (Staff use only)	<b>LOG NUMBER</b> (Staff Use Only)	<b>DATE RECEIVED BY STAFF:</b>	
<b>*****TALK TO STAFF IF YOU HAVE AN EMERGENCY*****</b> <b>DO NOT</b> 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 CDC 7362 or a CDCR 602-HC			
<b>INMATE'S NAME</b> (Print)	<b>CDCR NUMBER</b>	<b>ASSIGNMENT</b>	<b>HOUSING</b>
<b>INSTRUCTIONS:</b> <ul style="list-style-type: none"> <li>• You may use this form if you have a physical or mental disability or if you believe you have a physical or mental disability.</li> <li>• 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.</li> <li>• Submit this form to the Custody Appeals Office.</li> <li>• The 1824 process is intended for an individual's accommodation request. Each individual's request requires a case-by-case review.</li> <li>• The CDCR 1824 is a request process, not an appeal process. All CDCR 1824 requests will receive a response.</li> <li>• If you have received an 1824 decision that you disagree with, you may submit an appeal (CDCR 602, or CDCR 602-HC if you are disagreeing with a medical diagnosis/treatment decision).</li> </ul>			
<b>WHAT CAN'T YOU DO / WHAT IS THE PROBLEM?</b> <hr/> <hr/> <hr/> <hr/>			
<b>WHY CAN'T YOU DO IT?</b> <hr/> <hr/> <hr/>			
<b>WHAT DO YOU NEED?</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <div style="text-align: right;"><i>(Use the back of this form if more space is needed)</i></div>			
<b>DO YOU HAVE 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: <hr/> <hr/>			
I understand that staff have a right to interview or examine me, and my failure to cooperate may cause this request to be disapproved.			
_____ <b>INMATE'S SIGNATURE</b>		_____ <b>DATE SIGNED</b>	
Assistance in completing this form was 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. For revocation proceedings, this file review must include, at the minimum, a review of the CDCR Form 611 (revised 05/01) or a Parolee Disability Review Sheet (PDRS) and attached documents, if any.

Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Identified Disabilities**

☐ Mental Health Concerns (Circle One) CCCMS EOP MHC B 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. ☐ 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

Name \_\_\_\_\_ CDCR# \_\_\_\_\_ TYPE OF HEARING \_\_\_\_\_ DATE OF HEARING \_\_\_\_\_ LOCATION \_\_\_\_\_

**BPH 1073** (Rev 02/11) Distribution: White-C-file, Green-FUNA/DRUNA, Canary-ADA Coordinator (Lifers)/Field File (Revocation), Pink-BPH ADACU, Goldenrod-Inmate/Parolee

## I. PRE-INTERVIEW FILE REVIEW (STAFF ONLY)

This section requires completion of a file review to determine whether or not the inmate/parolee (I/P) needs assistance with effective communication or has a disability which needs to be accommodated at the parole proceeding. The staff member shall print his/her name and date the form to acknowledge completion of the file review. (In revocation proceedings, the Agent must ensure either the CDCR 611 (05/01 or later) OR a Parolee Disability Review Sheet is in the field file.)

When initiating the form, it is important for the staff member to first write the I/P's name, CDCR number, the type of parole proceeding, and the institution/region/county jail where the I/P is located at the bottom of the form. **When completing this form, the staff member shall review the file for the corresponding source documents as indicated below and designated staff shall attach a copy when a verified/identified disability is noted.**

**Mental Health Concerns** – check this box if a CDCR 128C indicates the inmate/parolee is included in the Mental Health Services Delivery System. Circle the Level of Care and write the date of the chrono.

**Developmental Disability** – check this box if a CDCR 128C-2 indicates the I/P is included in the developmental disability program. He/she must be categorized in one of the following DDP categories: DD1, D1A, DD2 or DD3. Circle the appropriate code and write the date of the chrono. (If the code is NDD or DDO, do not check this box.)

**Physical Disability** – check this box if there is a CDCR 1845 which identifies a verified disability. Circle the appropriate disability (there may be more than one) and write the date of the CDCR 1845.

**Other Disability** – check this box if there is a document which states the I/P has a disability other than those identified on the forms indicated above. Write the name of the document and its date.

**Learning Disability** – check this box if there is a document which states the I/P has a learning disability. Write the name of the document and its date.

**No Disabilities Identified from the file review.** – If all of the above boxes are unchecked, check this box.  
.....

**Reading Level** – Check the box and write the I/P's reading level (if available) and his/her total grade point level (GPL). (If neither the reading level nor the GPL are in the file, do not check the box and write N/A.)

**Non-English Speaking** – If the I/P's primary language is not English, check this box and write the language he/she speaks as identified in the file review.

**SPECIAL NOTE:** If it has been determined in Section I an accommodation and/or interpreter is required, the employee shall provide that accommodation to the I/P prior to completing Section II. Sign language interpreters must be approved by the BPH.

## II. INMATE/PAROLEE ADA RIGHTS AND SELF IDENTIFICATION

The staff member shall advise the inmate/parolee that he/she has a parole proceeding pending and the reason for the proceeding. The staff member shall read or ask the parolee to read out loud the rights statement at the beginning of this section.

The remaining portion of this section is for the inmate/parolee to disclose assistance he/she needs for the proceedings. If the parolee cannot complete this section, the staff member shall provide assistance by recording the responses given by the inmate/parolee.

## III. INITIAL SERVICE OF RIGHTS (STAFF ONLY)

In this section, the staff member shall document his/her observations. The staff member shall document whether I/P appeared to understand his/her rights (described on the form handed out with the BPH 1073) and charges, if any. If after providing assistance for effective communication and the I/P still appears to have difficulty understanding, the staff member shall check the appropriate box. If an alternate method of communication is used, the staff member shall check the appropriate box and indicate the type of accommodation. Any observations from the interview the staff member believes are pertinent should be written in the "Additional Comments" portion of this Section.

## IV. BPH REVIEW FOR INTERNAL USE (Non-Lifers Only)

In Revocation cases where a DRU is involved, DRU staff will complete this section. In cases where a DRU is not involved, the DC will complete this section as part of their review.

## DEFINITIONS

**Parole Proceedings** means all BPH proceedings. They are also things that happen before or after the hearings. These may be:

- |  |   |                           |
|--|---|---------------------------|
| ▪ Service of Rights                          | ▪ Psychiatric Evaluations                 | ▪ Rescission Hearing      |
| ▪ Attorney Consultations                     | ▪ SVP Hearing (Sexually Violent Predator) | ▪ In re Stanworth Hearing |
| ▪ Probable Cause Hearings                    | ▪ Documentation Hearing                   | ▪ Grievances              |
| ▪ Revocation Hearing                         | ▪ Initial/Subsequent Hearing              | ▪ Olson reviews           |
| ▪ Revocation Extension Hearing               | ▪ Progress Hearing                        | ▪ Lifer parole plans      |
| ▪ MDO Hearing (Mentally Disordered Offender) |   |                           |

**Qualified** means that you have a disability that is protected by the Americans with Disabilities Act (ADA). Your disability is a condition that is much worse than the average person. This means you cannot see **hear, walk, talk, breathe, learn, think, work, OR take care of yourself** without help.

## TYPES OF ACCOMMODATIONS

**Reasonable Accommodation** means the kind of help you need at hearings. This may be help getting to, talking at, or understanding the hearing. Some kinds of help may include:

### 1. Alternative formats:

You may ask for BPH forms in Braille, audiocassette, or large print. Most BPH forms have been changed to simple English. The BPH Forms that were not changed will come with an explanation in simple English.

**2. Auxiliary Aids and Services:** Below are the types of accommodations that may be available if you have a qualified disability. You may ask for an accommodation by using the BPH 1073 form.

#### **Hearing Impairment** **(hearing)**

- ❖ Assistive Hearing Devices
- ❖ Qualified Sign Language Interpreters
- ❖ Telecommunications devices for deaf persons (TDD's)
- ❖ Telephone handset amplifiers
- ❖ Computer-aided transcription services
- ❖ Closed caption decoders
- ❖ Open and closed captioning
- ❖ Videotext displays
- ❖ Exchange of written notes
- ❖ Note takers

#### **Vision Impairment** **(seeing)**

- ❖ Magnifying Devices
- ❖ Large print materials
- ❖ Audiocassettes
- ❖ Brailled materials
- ❖ Assistance navigating and locating items
- ❖ Qualified readers

#### **Learning Disabilities** **(learning)**

- ❖ Staff Assistance
- ❖ Legal counsel
- ❖ Highlighter pens and markers
- ❖ Audio taped materials
- ❖ Regional Center advocates
- ❖ Reading windows, rulers, or angled book stands
- ❖ Qualified readers

#### **Speech Impairment** **(talking)**

- ❖ Staff Assistance
- ❖ TDD machines
- ❖ Computer terminals
- ❖ Speech synthesizers
- ❖ Communication books or boards
- ❖ Qualified interpreters

#### **Mobility Impairments** **(walking)**

- ❖ Accessibility
- ❖ Wheelchair
- ❖ Cane

#### **Mental Impairments** **/Developmental Disabilities** **(thinking)**

- ❖ Staff assistance
- ❖ Legal counsel
- ❖ Regional Center advocates
- ❖ Qualified interpreters



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.



## REQUEST FOR REASONABLE ACCOMMODATION - GRIEVANCE PROCESS

BPH 1074

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