

RENO COUNTY COMMUNITY CORRECTIONS
PROGRAM GRIEVANCE PROCEDURE

1. You will not suffer any form of reprisal for proceeding in a lawful and reasonable manner to utilize this procedure.
2. If you feel you have a legitimate grievance, the first step is to try to resolve the matter by discussing the problem with your assigned Intensive Supervision Officer. Please remember that a grievance pertains primarily to your civil rights being violated in some manner. Also, remember that certain rights are lost with a felony conviction. Simply disagreeing with or disliking your ISO will not be considered valid grievances.
3. If the grievance is not resolved by item 2 above and you wish to pursue the grievance, you must submit the grievance in writing to the Intensive Supervision Officer II within 10 days of the incident or decision that gave rise to the grievance.
4. The ISO II will respond in writing to you within 3 working days following the receipt of the grievance. If the investigation takes more time and the decision cannot be made in 3 days, the ISO II will also notify of you of this.
5. If the problem is not resolved by item 3 and you wish to pursue the grievance, you must submit the grievance in writing to the Director within 5 working days following receipt of the response from the ISO II. The original grievance needs to be accompanied by a brief, concise, and detailed statement of why you disagree with the ISO II decision.
6. The Director will respond in writing to you 3 working days following receipt of the grievance. You will be notified if the review takes longer than 3 working days. The Director's decision is final.
7. If the problem is not resolved at this point, you may pursue appropriate and/or available civil and/or legal remedies. For an Americans with Disabilities Act complaint:

US Department of Justice
Civil Rights Division
Disability Rights Section
1425 NYAV
950 Pennsylvania Avenue, NW
Washington D.C. 20530
202-307-0663
www.ada.gov/complaint

Kansas Human Rights
Commission
900 SW Jackson,
suite 568-S
Topeka KS 66612-1258
785-296-3206
<http://www.khrc.net/complaint.html>

Kansas Governor's Grants
Program
900 SW Jackson Street
Landon State Office Building,
Room 304 North
Topeka, Kansas 66612
Telephone: 785-291-3205
Fax: 785-291-3204

RENO COUNTY COMMUNITY CORRECTIONS
CLIENT GRIEVANCE REPORT FORM

Date of Grievance:

Client's Name:

Case Number:

Nature of Complaint: (Be specific. Include names, dates, places, rules, regulations, etc.; how you have been affected; and action you believe the Supervisor/Director should take.)

Use Additional Paper if Necessary.

Show names of responsible employees whom you have approached in trying to solve this grievance before going to the Supervisor.

Name	Title	Date Help Requested
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Client

Signature of ISO

Date Submitted to Supervisor: _____

SUPERVISOR'S RESPONSE
TO GRIEVANCE FILED

Date Grievance Received by Supervisor: _____

Date of Supervisor's Written Response: _____

Findings of Fact:

Conclusions Made:

Action Taken:

Signature of ISO II

Date Supervisor's Response Returned to Client: _____

If dissatisfied with this response, the client may submit grievance to the Director of Community Services for review and appropriate action.