

# Statewide Resolution Program Manual



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## **Introduction to the Resolution Program**

### **Purpose**

The Department of Corrections Resolution Program is an unbiased, internal resolution and appeal system that promotes effective communication between employees/contract staff/volunteers and individuals under the Department's jurisdiction to resolve concerns at the lowest possible level and to provide administrative remedies as outlined by the Prison Litigation Reform Act (PLRA).

To facilitate a positive, human-focused environment, the Resolution Program was developed with the intent of reducing violence and providing employees/contract staff/volunteers and the individual with an example of appropriate and equitable behavior while addressing concerns.

### **Philosophy**

The Resolution Program offers access to a process that allows for meaningful communication and resolution of concerns to produce a fair and just conclusion. It offers a collaborative and expeditious approach to fair and appropriate solutions to a wide variety of conflicting situations.

The Resolution Program is an open forum through which individuals can seek administrative remedies to their concerns and open up communication.

This manual explains how and when an individual can access the Resolution Program and provides employees/contract staff/volunteers with information and direction needed to support the Resolution Program locally when providing a remedy to a concern.

### **Provides the Department with:**

- A management tool for administrators to be informed of developing trends through data collection and review
- A means to reduce violence and de-escalate conflict between individuals and the Department
- Administrative remedies to avoid unnecessary burden on courts and to comply with the PLRA

### **Provides the individual with:**

- A voice in policies, practices, and procedures
- An avenue for every individual to have their resolution heard and resolved in a professional manner
- An administrative, formal review and resolution process when a quick, or informal, resolution is not achievable
- Impartial, equitable, and timely decisions or actions to concerns

## **Changes to Policy, Procedure, and Practice**

After an individual has taken efforts to address their concern and has been unsuccessful, they are encouraged to submit a Resolution Request to their local Resolution Specialist. The Resolution Specialist will collaborate with employees/contract staff of all departments and submit recommendations to the proper authority when changes to policies, procedures, or practices are warranted. Resolution Specialists are also responsible for advising individuals when change is not warranted and will explain the reason(s) for the decision in their response.

## **Structure of the Program for Non-Health Services and Health Services**

<b>Level 0</b>	This is the informal resolution stage. A Resolution Specialist will: <ul style="list-style-type: none"><li>➤ Determine if the Resolution Request is acceptable or not (per the guidelines outlined in this manual)</li><li>➤ Send the Resolution Request back for a Rewrite (per the guidelines outlined in this manual)</li><li>➤ Attempt to informally resolve the concern (Individuals have the option to appeal the informal resolution attempt, if unsatisfied with the response)</li><li>➤ Promote to a Level 1 for review</li></ul>
<b>Level 1</b>	The first formal review and the response provided by the facility/office Resolution Program (Resolution Specialists/Health Services Resolution Specialists can respond at Level 0 and Level 1)
<b>Level 2</b>	The second formal review and the response provided by the Superintendent/Community Corrections Supervisor/Field Administrator/designee or Health Services Administrator for medical-related resolutions
<b>Level 3</b>	The third and final formal review and the response provided by the appropriate Deputy Secretary/designee or Deputy Assistant Director of Health Services/designee. It will be assigned for review by a Headquarters Resolution Specialist. This is the Department's last level of review, thus exhausting the individual's formal administrative remedy. If the individual is still unsatisfied, they must seek relief through the courts.

## **Special Considerations for Health Services Concerns (Medical, Dental, or Mental Health)**

If a facility does not have a dedicated HS/RS, the facility RS will assume these duties. To ensure a clinical response is provided, the HS/RS can assign the review to or consult with a licensed clinician within Health Services. Once promoted to Level 1, the HS/RS is responsible for either conducting or assigning the review to a qualified health services employee.

Level 2 reviews will be completed by a Health Services Manager or Facility Medical Director. Completed reviews and responses will be reviewed and signed by the Health Services Administrator. All Level 3 reviews will be signed by the Deputy Assistant Director of Health Services/designee.

Any concern regarding a health services issue will not be sent back for a rewrite, deemed not accepted, or withdrawn unless they are reviewed by the Resolution Program Manager/designee and written approval has been provided. The Resolution Specialist will ensure all complaints have been provided a log ID number before forwarding them to the Headquarters Resolution Unit for rewrite approval.

**Timeframes**

Specific timeframes are set at each level to ensure a prompt response to Resolution Requests. The Resolution Program strives to complete the entire process within 90 days from the initiation of the Level 0 concern to the completion of the Level 3 review. However, the process can take longer than 90 days in some cases due to rewrites, mail delays, availability for interviews, or complicated reviews.

<b>Initial Resolution Request</b>	Submitted within 30 days from the date of the incident. <i>(90 days if the individual transferred and the concern is regarding property or accounting)</i>
<b>Level 0 Response</b>	10 working days from the date of receipt/pick up.
<b>All Rewrite Requests (cannot be appealed)</b>	Within 10 working days from the issuance of the Rewrite Request (Unless specified otherwise by the Resolution Specialist for circumstances that require more time).
<b>Appeal of Not Accepted or administrative withdrawal Response</b>	All Not Accepted Appeals (NAA) or Administrative Withdrawal Appeals will be forwarded to the Resolution Program Manager regardless of timeframes.
<b>Level 1 Response</b>	Within 15 working days from the date the Resolution is formally initiated and assigned for review. The Resolution Specialist is strongly encouraged to interview the individual at the time of the Level 1 review.
<b>Appeal to Level 2</b>	Within 10 working days of the Level 1 response date.
<b>Level 2 Response</b>	Within 15 working days from the date the Resolution is formally initiated and assigned for review.
<b>Appeal to Level 3</b>	Within 10 working days of the Level 2 response date.
<b>Level 3 Response</b>	Within 15 working days from the date the Resolution is formally initiated and assigned for review.

## **Informal Resolutions**

A resolution begins with respectful communication. At times, you can find a resolution to your concern quickly by opening lines of communication with the persons involved.

An informal resolution is preferable to pursuing a formal resolution. Individuals are expected to participate in problem-solving by seeking the earliest possible resolution by talking to the persons involved, and/or submitting kites, letters, kiosk messages, etc. An informal resolution is not required before filing a Resolution Request.

Individuals have 30 days after an incident to file a Resolution Request. Individuals should let the Resolution Specialist know what steps they have attempted to resolve the issue themselves.

The Resolution Specialist may look at an individual's concern and try to answer questions, suggest other processes available, or act themselves in an attempt to informally resolve the concern. A formal interview is not required when attempting an informal resolution. However, meeting in person allows for meaningful communication to resolve the issue presented at the lowest level. If the individual does not feel their concern has been resolved, they can appeal the informal response attempt.

## **Accepted and Not Accepted Concerns**

### **Accepted Concerns**

Only incidents, policies, or practices that personally affect the individual can be submitted. This includes actions by employees, contract staff, volunteers, and other individuals under the Department's jurisdiction. An individual can submit a Resolution Request on a variety of topics. This includes but is not limited to:

- All DOC policies
- Violations of Civil Rights
- All facility Operational Memorandums (while assigned to the facility)
- Facility handbooks
- Facility Rules
- Facility practices and procedures
- Lack of application of policies, rules, and procedures
- Allegations of unprofessional conduct of Department employees, contract staff, or volunteers
- Actions of other individuals under the Department's jurisdiction
- Retaliation against an individual under the Department's jurisdiction for good faith participation in a legally protected activity
- Personal safety
- Clothing Concerns
- Unavailability of J&S required programming
- Physical plant conditions
- Health/Medical Services

- Dental Services
- Mental Health Services
- Accounting Services
- Sentence structure/release dates and records
- Food Services
- Commissary and store concerns
- Religious concerns
- Law firms and/or attorneys contracting with the Department to provide legal assistance to individuals under the Department's jurisdiction
- If a response provided by a Resolution Program review is not honored or completed (This is not considered a repeat concern)

### **Concerns Not Accepted**

There are 3 categories of concerns Resolution Specialists will not accept. This includes issues/incidents with an established appeals/review process, concerns regarding matters outside Department/facility jurisdiction, or those due to program restrictions.

Concerns regarding health services will not be deemed 'not accepted' unless they are reviewed by the Resolution Program Manager/designee and written approval has been provided.

### **Concerns Not Accepted – Appeals/Review Process**

Individuals cannot submit a Resolution Request on concerns that have a department-approved formal review and/or appeals process. Individuals are encouraged to follow the correct review/appeals process to resolve their concerns or allow the review process to take place. This includes, but is not limited to:

- Accommodation Status Request decisions
- Administrative investigation (e.g., employee Just Cause investigation, Prison Rape Elimination Act (PREA) investigation)
- Behavior Observation Entries
- Care Review Committee decisions
- Classification and Facility Risk Management Team (FRMT) decisions
- Community Custody/Reentry/GRE Revocation
- Imposed conditions
- Indeterminate Sentence Review Board (ISRB) decisions
- Infractions/sanctions/disciplinary hearing actions or employees/contract staff involved in the process, as they can be adjudicated through the disciplinary process outlined in WAC
- Intensive Management Status (IMS) assignment
- Mail rejection
- Medical records review/change request
- Multiple Disciplinary Team (MDT) decisions
- Property rejection

- Public disclosure requests/denials for information
- Release plan denials
- Segregation placement
- Transfers and bed/cell assignments
- Use of force incidents
- Visiting denials
- An alleged inadequate resolution review or response, including timelines. (Individuals can express such concerns in their appeal)
- The Resolution Specialist's decision that a Resolution Request will not be accepted (Not accepted determinations can be appealed directly to the Resolution Program Manager/ designee by the individual)

### **Concerns Not Accepted – Outside Jurisdiction**

Only concerns of Department-related incidents, policies, or practices over which the Department has jurisdiction can be submitted. Outside jurisdiction concerns include, but are not limited to:

- State and federal law (includes Washington Administrative Code (WAC) and Revised Code of Washington (RCW))
- Concerns at a facility in which an individual has never been confined or assigned
- Court-ordered pre-sentence reports
- Court decisions
- Concerns with employees/contract staff/volunteers outside of the individual's assigned facility/office
- Decisions made by the Department of Enterprise Services Risk Management Division regarding the disposition of tort claims
- Prison compact
- Actions of persons outside the jurisdiction of the facility/office
- City or County jails (This includes individuals serving Department-sanctioned time in a city or county jail)
- Department of Natural Resources (DNR) policies, procedures, and decisions
- The Office of Corrections Ombuds (OCO) actions or decisions
- Conditions or requirements placed on DOC by external entities with authority over the department

NOTE: Resolution Specialists can refer DNR Resolution Requests to the local DNR administrator for their review/action.



## **Concerns Not Accepted – Program Restrictions**

The following Resolution Requests will not be accepted based on program restrictions. Resolution Specialists can grant exceptions to the Program Restrictions for issues/incidents with extenuating circumstances or for mandatory reporting situations.

- Concerns that have not occurred and are based on speculation or hearsay information (third-party information or what someone reportedly heard)
- Actions or incidents that have not yet occurred
- Concerns filed beyond 30 days from the date of the incident
- When an individual has 5 active resolutions (This can be exceeded for medical concerns and must be reviewed by the Resolution Program Manager/designee for acceptability)
- Duplicate Resolution Requests about the same concern (Once a concern or incident has had a Resolution Request submitted and a response has been provided, the administrative remedy has been exhausted)
- Appealing to the next level when a response has not been provided for their current level of review
- The actions and/or decisions of the Resolution Specialist to address abuse by quantity violations
- If a contractor's review or internal process is still in progress or has not been attempted
- If a contractor has a grievance, arbitration, or review process
- Concerns that have been previously administratively withdrawn
- Issues, incidents, policies, or practices which do not personally affect the individual
- Issues or incidents that are being investigated outside of the Resolution Program through another established process (e.g., Human Resources, Just Cause investigation, PREA investigation)
- The Resolution Specialist's decision to send a Resolution Request back for a rewrite

## **Appeal of Not Accepted Determination or Administrative Withdrawal**

An individual can challenge a decision to administratively withdraw or not accept a Resolution Request by submitting an appeal to their local Resolution Department which will forward the request to the Headquarters Resolution Program Manager/designee. The appeal must contain the Log ID number from their previous response and the individual's DOC number to ensure the correct Resolution Request is identified.

Individuals on community supervision can mail their appeals to the Headquarters Resolution Program Manager or submit them to the Community Corrections Supervisor who will forward them to the Headquarters Resolution Program Manager.

The Resolution Program Manager/designee will either uphold the Resolution Specialist's decision or reverse it and refer the Resolution Request back to the Resolution Specialist for further processing. This review will only determine if the concern will be accepted or not, not the merits of the issue. The appeal response cannot be appealed and repeat Resolution Requests on the concern will not be processed.

The Resolution Program Manager/designee can override the Not Accepted criteria outlined in this manual based on extenuating circumstances and have a complaint promoted for review.

NOTE: Items mailed to the HQ Resolution Program Unit are NOT considered legal mail.

### **Resolution Request Rewrites**

A Resolution Specialist's request for a rewrite of a complaint is between the Resolution Specialist and the individual. Rewrite requests cannot be appealed to the Resolution Program Manager/designee. The individual must follow the Resolution Specialist's direction on a rewrite request. Any rewritten submission must contain the Log ID number from their previous response and the individual's DOC number to ensure the correct Resolution Request is identified.

If an individual fails to follow rewrite instructions, the Resolution Specialist will interview the individual to assist/support them in writing the second rewrite. If the individual refuses to follow the second set of rewrite instructions after being interviewed or is beyond the rewrite due date at any stage, the Resolution Specialist can administratively withdraw the concern.

Concerns regarding a health services issue will not be sent back for a rewrite unless they are reviewed by the Resolution Program Manager/designee and written approval has been provided.

Resolution Specialists will only return a Resolution Request with directions to rewrite when:

- The request does not fit in the allowable space of one DOC 05-165 Resolution Request form
- Resolution Request forms are available, and the individual submitted the request on something other than a DOC 05-165 Resolution Request form
- The concern is not a simple, straight-forward statement
- The request contains excessive citations of law or legal terminology (only the use of the identifying number/title and section of the legal reference is permitted)
- The Resolution Request is not signed or dated (Individuals can be placed on call out to sign and date their form)
- The request contains profane language (except when used as a direct quote) or derogatory and/or abusive language (Resolution Specialists can ask once to remove the language; if refused, the concern will be reviewed as written to determine if it will be accepted or not)
- The appeal is different than the original stated concern.
- There is more than one concern/incident listed in the Resolution Request
- The concern is unclear, and more information is necessary
- If there is a Not Accepted concern combined with an acceptable concern
- The request does not contain the individual's DOC number
- The request does not contain the Log ID number for an appeal or rewrite submission
- Class action requests (For example, using terms such as "we," "us," "our," or "the incarcerated population")

## **Resolution Determination and Finalization**

The Resolution Specialist will determine if a Resolution Request will be accepted at Level 1, or if an appeal will be accepted at Level 2 for review. The Resolution Program Manager/designee will determine when Level 3 appeals will be accepted for review.

When a complaint is promoted for review, the Resolution Specialist/designee will prepare the appropriate documents and assign the complaint for review. This establishes the “action date” for the review and will start the timeline for when a response is due.

Responses will be sent to the individual at each level within the established timeframes set on page 5 of this manual.

If the individual disagrees with a response at Level 0–II, they may file an appeal within the timeframes on page 5 of this manual.

Formal, typed concerns and appeals will be accurate reproductions of the handwritten Resolution Request/appeal submitted by the individual. Spelling and grammatical errors can be corrected on the typed copy by Resolution Specialist if the corrections do not change the meaning or intent of statements made. A copy of the formal documents will be forwarded to the individual informing them of the complaint acceptance, thus allowing the individual to address any concerns about typing errors.

## **Emergency Resolution Request**

### **Emergency Resolution Request Procedure**

Emergency Resolution Requests are those that require immediate action, and if handled through routine resolution channels would create further or unnecessary harm.

Emergency Resolution Requests fall under one of the following criteria:

1. Involve a potentially serious threat to the life or health of an individual or employee/contract staff/volunteer, or
2. Relate to severe pain being suffered by the individual, or
3. Involve a potential threat to the orderly operation of a facility

An Emergency Resolution Request is not required for an individual to declare a medical emergency. Individuals in a Reentry Center are encouraged to use the established emergency protocols when addressing emergent medical concerns.

### **Emergency concerns not related to Health Services**

1. The individual will hand the Resolution Request marked Emergency to any employee/contract staff and inform them they have an emergent concern. Please note, if the form is placed in the resolution box, it will be processed as a routine request.
2. Employees/contract staff will note the date and time of receipt at the top of the form.

3. The Resolution Specialist (or designee for after business hours) will be notified immediately of the concern and will ensure the timelines outlined in this process are met.
4. The Resolution Specialist/designee will provide the individual with a written response to the concern within one hour of being submitted by the individual.
5. The response must clearly state the decision (whether the concern meets the emergency criteria). In addition, note any action taken, note the date and time the decision was made and provide the name of the employee making the determination.
6. A copy of the response will be provided to the individual.
7. The original form will be forwarded to the facility Resolution Program for review.

### **Health Services-related emergency concerns (Medical, Dental, or Mental Health)**

1. The individual will provide the written Emergency Resolution Request to any employee/contract staff informing them of their medical emergency. Please note, any form placed in the resolution box will be processed as a routine request.
2. The employee/contract staff will note the date and time the Resolution Request was received at the top of the Resolution Request form.
3. The Health Services Resolution Specialist (or designee for after business hours) will be notified immediately of the concern and will ensure the timelines outlined in this process are met.
4. All emergency medical requests will be assessed by an onsite licensed health services employee/contract staff. Stand-alone camps will contact their designated on-call medical professional/designee for all health services emergency Resolution Requests. A licensed health services employee will determine if the concern meets the definition of a medical emergency and provide what steps need to be taken.
5. The individual will be evaluated in person. For stand-alone camps, the individual can be evaluated over the phone. If the individual declares or submits multiple emergency requests about the same issue/incident during the same shift, only one evaluation is required. However, additional evaluations can be completed if deemed necessary by Health Services.
6. The licensed on-duty health services employee/contract staff will respond to the emergency concern in writing within one hour of submission. The response must clearly state if the concern meets the definition of an emergency, note any action taken, note the date and time the decision was made, and provide the name of the employee/contract staff making the determination.
7. A copy of the response will be provided to the individual.
8. The individual may appeal a non-emergent determination by Health Services. The appeal will be reviewed by the on-call Health Care Provider with input from the Facility Medical Director (or Health Services Duty Officer if after business hours). The appeal must be filed within one hour of receipt of the non-emergent determination. The Superintendent/HSA/designee will be informed of the emergency medical appeal and the decision will be made by the Health Care Provider.

9. The original form and any appeal will be forwarded to the facility's Health Services Resolution Specialist for review.

Note: For Health Services administrative concerns filed as emergent, the HS/RS can review and provide a determination on the emergency status of the complaint. These complaints are not considered medical emergencies.

### **If Deemed Non-Emergent**

The Resolution Request will be processed through normal resolution channels.

### **If Deemed Emergent**

Steps will be taken to ensure the health and welfare of all involved in the incident. The incident will be resolved by all reasonable means possible.

The Resolution Request response will indicate that the emergent concern has been resolved and include the name and signature of the employee/contract staff along with the date and time of the completion of the Resolution Request. The Resolution Request will be considered informally resolved.

### **False Emergency Resolution Requests**

Individuals who declare false emergencies to employees/contract staff/volunteers can result in the issuance of a serious infraction (742 - Establishing a pattern of creating false emergencies by feigning illness or injury) as outlined in WAC 137-25-030.

## **Resolution Request with a Suicidal or Self-Injurious Statement**

If an individual reports self-injury or suicidal ideation in a Resolution Request that was not submitted as an emergency complaint, the Resolution Specialist will follow DOC 630.550 Suicide Prevention and Response. The Resolution Specialist will immediately contact a facility mental health or medical provider for an in-person suicide prevention assessment of the individual and initiate DOC 13-420 Request for Mental Health Assessment. If a mental health or medical provider is not immediately available, the Resolution Specialist will notify the Shift Commander to implement the proper suicide prevention protocol outlined in DOC 630.550 Suicide Prevention and Response. The steps taken will be documented. The Resolution Request will be processed to address the issue of concern listed in the request. All follow-up care resulting from a self-injury disclosure by an incarcerated individual will be performed by a facility mental health or medical provider.

For individuals in a Reentry Center, the identified Resolution Specialist will follow the established emergency protocols when addressing reports of self-injury or suicidal ideation.

## **Process at Each Level Review**

### **Level 0:**

- The Resolution Specialist determines if the Resolution Request will be accepted or not
- Resolution Request may be sent back for more information (rewrite)
- Resolution Specialist may attempt to informally resolve (Individuals may appeal the informal resolution attempt if unsatisfied with the response)
- Resolution Request may be accepted as a Level 1 review

### **Level 1:**

- The handwritten concern is transcribed onto DOC 05-166 Level 1 Resolution Response and a copy is sent to the individual
- Assigned to an employee/contract staff (Resolution Specialist can attempt an informal resolution at Level 0 and still conduct the Level 1 review)
- Once the review is complete, the Resolution Specialist issues the formal response to the individual

### **Level 2:**

- If the Level 1 response is appealed, the appeal is reviewed by Resolution Specialist
- The handwritten concern is transcribed onto DOC 05-168 Level 2 Resolution Response and a copy is sent to the individual
- Assigned to an employee/contract staff (A Resolution Specialist that responded at Level 1 cannot review a Level 2)
- Once the review is complete, the Superintendent/Administrator/or Health Services Administrator issues a formal response to the individual

### **Level 3:**

- Appeal reviewed/accepted/transcribed onto DOC 05-169 Level 3 Resolution Response and a copy is sent to the individual
- All documents are sent to Headquarters Resolution Program Unit
- Assigned for review by Resolution Program Manager/designee
- Once the review is complete, the Deputy Assistant Secretary/Deputy Assistant Secretary of Health Services/designee issues the formal response
- This is the Department's final level of review and response. As a result, the individual's administrative remedy has been exhausted and cannot be appealed

## **Resolution Reviews**

### **Processing and Assignment**

Resolution Specialists are required to assign out or conduct all Level 1 and Level 2 reviews. The Resolution Program Manager/designee will assign all Level 3 reviews.

- Level 1 reviews will be assigned to the employee/contract staff with supervisory authority over the person(s) or area of the facility/office listed in the resolution. This will ensure accountability of employees/contract staff during reviews and the supervisory ability to make appropriate changes when required.
- For Health Services complaints, the Level 1 review will be assigned to a Health Services Resolution Specialist or a health service employee.
- Level 2 reviews will be assigned to the employee/contract staff with managerial authority over the person(s) or area of the facility/office listed in the resolution (such as an HSM, CPM, Captain, Associate Superintendent, etc.)
- Level 3 reviews will be assigned to the policy owner, HSA/designee, or HQ manager with authority over the person(s) or area of the facility/office listed in the resolution.
- Reviews will not be assigned to an employee/contract staff who is involved or identified in the Resolution Request. A suitable replacement will be assigned to the review if this occurs.
- Resolution Specialists can assume an assignment of a review when necessary.
- Once an assigned employee/contract staff has completed a review, they may not review the same Resolution at a different Level (i.e., A Resolution Specialist who performed a Level 1 review, cannot conduct a Level 2 review).

### **Review Documentation**

The Resolution Specialist/Health Services Resolution Specialist will ensure the following is Documented:

- The details of the concern are properly addressed
- Any applicable Operational Memorandums (OMs) and local procedures are cited
- Any applicable Department policies, WAC, and RCW
- Include any relevant inventories, daily logs, medical records, etc.,
- The interview of any subject matter experts is conducted (Health Services professionals, supervisors, Religious Coordinators) for additional and clarifying information.
- Interview individuals and/or witnesses as appropriate

Reviewers are strongly encouraged to conduct the required in-person interview during Level 1. Resolution Specialists can mandate interviews at any or every level for Level 0–II reviews.

If an individual has transferred or been released, a Resolution Specialist or the assigned employee/contract staff will arrange an interview by telephone or other means. Written statements may be accepted in place of an in-person interview.

If at any time during the resolution process, the individual refuses to be interviewed or refuses to participate in an interview, the resolution or appeal will be administratively withdrawn. The reviewing staff will document any such refusal to participate in an interview on the Resolution Review Report and forward this information to the Resolution Specialist.

If the individual does not show up for a scheduled callout/interview, it will be documented and rescheduled one time. If the individual does not show up for the second time, the resolution or appeal will be administratively withdrawn.

When an individual is unable to participate in the review process due to circumstances out of their control, a request will be made by the local facility's Resolution Specialist to the Resolution Program Manager to withdraw their concern. The Resolution Program Manager will provide permission in writing if the withdrawal is appropriate, however, if the incarcerated individual comes back into DOC care, they will be able to pursue the previous concern by submitting a new Resolution Request on their previous concern allowing it to be addressed per policy.

### **Information Disclosure**

Individuals will not be given Resolution Review Reports, written statements, or documents related to a review. Such documents often contain sensitive information regarding the security of the facility, disciplinary actions taken with employees/contract staff, or statements by other individuals, which if known, could lead to retaliation. Resolution Program documents will not be placed in central files except when they are part of an infraction packet.

Interviewees are not allowed to read the Resolution documents during an interview. The interviewer will provide a summary of the allegation/claim and ask direct questions concerning the interviewee's involvement. They will not be provided copies of the resolution documents for their retention. However, they can be informed of the findings of a resolution that involves them by contacting the facility Resolution Program once the review is completed.

Employees who are conducting a Resolution Review will have access to all relevant and essential records to resolve the concern. DOC 640.020 Health Records Management authorizes access to an individual's health record as necessary to resolve health services Resolution Requests. Such access does not require the individual's prior written approval.

### **Review Elements**

The assigned employee/contract staff is responsible for completing the Resolution Review Report containing the following elements:

- Name(s) of person(s) interviewed and date(s), time(s), and location(s) of interviews
- Synopsis of the interview(s)
- Citation of documents consulted (policy number, WAC, RCW, etc.)
- Evidence found to substantiate or refute the individual's allegations
- Conclusions of the Review
- Suggested response



## **Response Elements**

The resolution will be answered in writing on the appropriate form for each level of review. The response will:

- Address the concern noted in the Resolution Request
- Give the name of the assigned employee/contract staff
- Specify names of witnesses interviewed and/or resources consulted (sources of confidential information will not be disclosed)
- Cite policy, WAC, or RCW (when necessary)
- State evidence found or note an inability to find evidence
- Include a clear statement of findings and give the reason(s) for the decision (substantiated, unsubstantiated, or unfounded)

NOTE: Level 1 responses will be provided by the Resolution Specialist. Level 2 responses will be provided by the Superintendent/Field Administrator/Health Services Administrator. All completed Resolution Program forms, including review documents, will be entered into the electronic file. Video evidence will be sent to and maintained by the Headquarters Resolution Program Unit.

## **Employee Conduct and Retaliation**

If during any level of review, the Resolution Specialist finds there is some evidence the action(s) alleged by the individual may have taken place and could result in disciplinary action against the employee/contract staff, the Superintendent/Reentry Center Administrator/Field Administrator/HSA will be notified. The appointing authority will determine if an administrative investigation will be initiated. If a formal investigation is initiated, the Resolution Request will be administratively withdrawn, and the complaint will be resolved through an appropriate investigation. The formal response will state, "Based on your allegation, an administrative investigation has been initiated outside of the Resolution Program. An administrative investigation is an approved formal review process that supersedes the Resolution Program. As a result, your concern has been administratively withdrawn at this time."

The individual will be informed of the administrative investigation outcome by the appointing authority (i.e., substantiated, unfounded, or unsubstantiated). Specific information regarding the action taken, or to be taken, against an employee/contract staff is confidential and cannot be divulged.

If during the Level 0 review, it is determined an administrative investigation is in process on the issue or concern identified, the Resolution Request will not be accepted.

If during a review, it is discovered that another administrative investigation is in progress on the issue or concern identified, the review will be administratively withdrawn. A formal response will be issued to inform the individual of this action.

## **Retaliation**

Employee/Contract staff/Volunteer:

Filing a Resolution Request is a legally protected activity. Retaliation occurs when an adverse action is taken against an individual because of that individual's engagement in a legally protected activity. Employees/contract staff/volunteers will not take any retaliatory action against individuals.

Incarcerated Individuals:

Retaliatory use of the resolution process by an individual against an employee/contract staff/volunteer can result in the issuance of a WAC 552 "Causing an innocent person to be penalized or preceded against by providing false information" outlined in WAC 137-25-030.

## **Prison Rape Elimination Act (PREA) Resolution Requests Involving Sexual Assault, Sexual Abuse, Sexual Harassment, or Staff Sexual Misconduct**

The Department maintains a zero-tolerance policy concerning sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct. An individual can report a PREA incident by submitting a Resolution Request per DOC 490.800 Prison Rape Elimination Act (PREA) Prevention and Reporting. The request will be forwarded immediately to the applicable authority per the PREA Reporting Process attached to DOC 490.850 Prison Rape Elimination Act (PREA) Response.

NOTE: PREA response procedures and investigations supersede the Resolution Program. Allegations or investigations involving sexual assault, sexual abuse, sexual harassment, and staff sexual misconduct will not be accepted or reviewed through the Resolution Program. PREA allegations are not subject to the resolution process and there is no time limitation for reporting a PREA incident.

Any future Resolution Requests concerning the incident or investigation will be processed per the PREA policy. For confidentiality purposes, forwarded Resolution Requests will be treated as correspondence and not entered into OMNI or given a Log ID number.

If the information provided does not meet the definition of prohibited behavior per the PREA policy, the individual can pursue the concern through the Resolution Program. The individual can submit a new Resolution Request outlining their concern and provide their written response from the PREA Compliance Manager of the non-PREA determination. The Resolution Specialist will then process the concern as a new Resolution Request.

## **Extensions, Appeals, and Program Limits**

### **Extensions**

When an employee/contract staff cannot meet a response due date, the Resolution Specialist will send the individual DOC 05-171 Notification of Time Extension stating the number of days added, the new due date, and the reason for the extension.

### **Time extensions limits**

Level 1 extensions are limited to 10 working days. If the Level 1 review cannot be completed within the extension timeframe, it will be promoted to Level 2.

Level 2 extensions are limited to 10 working days. If the Level 2 review cannot be completed within the extension timeframe, the Resolution Specialist will request approval from the Resolution Program Manager/designee for a secondary extension. The secondary extension authorized will be a maximum of 5 working days. All additional time extensions requested due to extenuating circumstances will require the Appointing Authority to be notified.

Excessive use of time extension notifications can result in an audit by the Resolution Program Manager to determine the underlying cause and correct processing issues.

### **Appeals Process**

Individuals can appeal Level 0, Level 1, and Level 2 responses by completing a new DOC 05-165 Resolution Request with the assigned Log ID number and checking the appeal box.

Individuals can state why the previous response was not accepted, thereby establishing a rationale for the appeal and the basis for further review. Appeals must address the same concern as the initial Resolution Request. New or additional information regarding the original concern can be given, but new concerns cannot be added. If new concerns are included, resolutions will be returned to be rewritten.

While a rationale for the appeal is preferred, general statements such as "I appeal," "Appeal to next level," or an exact restatement of the original resolution are sufficient. Individuals must sign and date the appeal.

### **Resolution Program Limits**

Individuals may have up to 5 active Resolution Requests at one time (this includes active reviews, rewrites, appeals, and new concerns). If an individual submits additional Resolution Requests or appeals beyond this limit, the Resolution Specialist will not accept these concerns. However, if a review has been given a second extension it will not count against the individual's active Resolutions. Health Services Resolution Requests or appeals can be accepted over the limit of 5 with approval by the Resolution Program Manager/designee.

If an individual submits multiple Resolution Requests at the same time, which would take their total Resolution Requests over the limit of 5 active concerns, the Resolution Specialist will send the concerns back as a rewrite and ask the individual which concern(s) they want to

withdraw and which one(s) to process. Individuals can make 5 withdraws of formal reviews or Resolution Requests per calendar year.

Abuse of the program occurs when an individual submits multiple Resolution Requests or appeals taking their active total over the allowable limit of 5 or submits repeat Resolution Requests, appeals, or correspondence concerning the same issue/incident. Abuse of the resolution program interferes with the goals and mission of the program. Abuse of the program guidelines will result in the individual being subject to the disciplinary process as outlined in DOC 460.000. If an individual engages in this type of behavior, the following will occur:

- The Resolution Specialist will issue a courtesy notification letter reminding the individual of the program limits.
- If the behavior continues, an Abuse by Quantity form 05-173 will be sent to the individual.
- If the individual fails to comply with the Abuse by Quantity form, a WAC 103 will be written with a recommended sanction to cease the problematic behavior for 45 days.
- If the individual breaks the WAC 103 sanction, a WAC 658 will be written with a recommended sanction of suspension from the program for 90 days.

For persistent abuse of the program, The Resolution Program Manager can suspend an individual from the program for up to 1 year.

## **Resolution Request Forms, Writing, and Remedies**

### **Completing the Form**

The written concern must fit in the description section of one DOC 05-165 Resolution Request and must be a simple, straightforward statement outlining the issue or incident. All forms related to the Resolution Program can be referenced by viewing DOC 550.100. The individual can include a suggested remedy, although not required, it is highly suggested for the informal resolution attempt. Concerns that have not occurred and are based on speculation or hearsay information (third-party information or what someone said they heard) will not be accepted.

While the Washington Administrative Code (WAC), Revised Code of Washington (RCW) or case law can be referenced, citations of the written text are unnecessary. Only the use of the identifying number, title, and section of the legal reference is needed to process and understand the concern. Resolution Requests containing excessive legal language/terminology will be returned to the individual for a rewrite.

The individual's Resolution Request must identify how the action or incident has personally affected them and be submitted on their behalf. Terms such as "we," "us," "our," or "the incarcerated population" indicates a "Class Action" request and will be sent back for a rewrite. Individuals cannot submit a Resolution Request on behalf of another individual, or someone outside of the Department's jurisdiction.

The individual must identify the who, what, when, why, where, and how the issues or incidents occurred. The individual is required to provide any physical evidence in their possession to support their allegation. The Resolution Specialist or reviewer will photocopy/photograph or record all evidence presented by the individual to be submitted with the review packet. The items will then be returned to the individual. Refusal to provide the cited evidence can be grounds for administrative withdrawal of the Resolution Request. The assigned reviewer will document such refusals and forward them to the facility Resolution Specialist.

If the individual has potential witnesses, they must be identified on the Resolution Request. If the identity of a witness(es) becomes known after the individual submits the form, the name(s) must be provided to the facility Resolution Specialist in writing or during an interview. If an individual alleges to have witnesses to an incident but refuses to identify those witnesses, the Resolution Specialist will administratively withdraw the Resolution Request or review unless there are concerns for retaliation.

A signature, date, and DOC number are required on all Resolution Requests and appeals unless the individual has an ADA accommodation. If a new Resolution Request is not signed, dated, or does not have the individual's DOC number, it will be given a Log ID number and returned to the individual so they may complete the form.

Information needed for submitting an acceptable Resolution Request:

- Identify the specific incident/action that occurred
- Identify the specific written policy or procedure
- Identify the lack of a specific written policy or procedure
- Identify a local practice or application of a policy or procedure which the individual believes is not in compliance with DOC policy
- Name of all individuals involved
- Date and approximate time of the incident
- Location of incident

If multiple Resolution Requests are submitted at the same time regarding the same issue or incident, they will each be assigned a new Log ID number. The Resolution Specialist will accept/review the concern with the most information if the concern falls within the acceptable standards of this manual. The additional complaints will be sent back to the individual as duplicates (Not Accepted). When providing a Not Accepted response on a duplicate complaint, the Resolution Specialist will advise the individual of the Log ID number chosen for review. If the individual believes they have cited separate issues, they can follow the Not Accepted Appeals process outlined in this manual. If there are no Resolution Requests with enough information for acceptance, once each is given a Log ID number, they can be sent back for a rewrite for more information.

When additional Resolution Requests about the same issue or incident are received after the initial processing of the original complaint, they will also be considered duplicates and given a new Log ID number. Duplicate Resolution Requests are Not Accepted by the program.

## **Resolution Request Writing**

In the written Resolution Request, individuals must provide all information related to the issue. If necessary, the Resolution Specialist can assist individuals in preparing accurate and complete Resolution Requests.

- The individual will use DOC 05-165 Resolution Request when submitting a Resolution Request or an appeal. The individual will keep the pink copy of the duplicate 05-165 form for their records.
- When Resolution Request forms are not available, individuals may use 8½" x 11" paper.
- Resolution Specialists will not accept Resolution Requests written on DOC 21-473 Kite or a kiosk message.

## **Prison & Reentry Center Resolution Request Submission**

Prison and Reentry facilities will provide conveniently located Resolution boxes for individuals to submit Resolution Requests. The Resolution Department will maintain the only keys to Resolution boxes. When resolution boxes are not available, Resolution Request forms and envelopes (marked "Resolution Confidential") will be provided for the submission.

Secured Housing Units (i.e., segregation or intensive management units) are not required to provide resolution boxes. These units will provide Resolution Request forms and envelopes (marked "Resolution Confidential") for the submission of concerns.

## **Resolution Request Containing Threats**

If an individual submits a Resolution Request containing a direct threat to the life or safety of any person or the orderly operation of a facility. The individual will be subject to the disciplinary process as outlined in DOC 460.000. The Resolution Request will be sent back for a rewrite to allow the individual to remove the threatening language if they wish to pursue the concern.

## **Resolution Remedies Available**

Administrative remedies available through the program include, but are not limited to:

- Correction of records
- Correction of sentence structure/ERD
- Administrative actions
- Changes in a local OM or practice and procedure
- Changes to Department policy
- Health Care Services

## **Contractor Resolution Requests**

Complaints concerning issues with an approved contractor can be reviewed through the Resolution Program. However, when a contractor has an established grievance, arbitration, or review process, the individual is encouraged to follow that process to resolve their issues. Resolution Requests that fall under this category will not be accepted.

## **Accessing the Resolution Policy, Procedure, and Forms**

DOC 550.100 Resolution Program outlines the requirements and responsibilities of the Resolution Program. The policy can be accessed as provided by the facilities or at [www.doc.wa.gov](http://www.doc.wa.gov).

Resolution Specialists will ensure the most current duplicate forms are available to all individuals and will assure assistance is provided to individuals who are not capable of filling out forms for themselves. A copy of the current Resolution Program Manual will be maintained in the library and law library of each Prison, in Reentry Centers, each Field Office, and other locations as outlined in the Operational Memorandum (OM).

Individuals will receive a Resolution Program orientation upon arrival at a facility/office and be provided the opportunity to ask questions. For individuals with limited English proficiency, all forms are readily available in Spanish or can be translated to accommodate non-English speaking individuals.

## **Processing Americans with Disabilities Act (ADA) Concerns**

The Resolution Program complies with all ADA requirements as outlined in DOC 690.400 Individuals with Disabilities. Resolutions Specialists are required to assist individuals with documented ADA disabilities preventing them from utilizing the program.

Available ADA accommodations include, but are not limited to:

- A therapy aid for writing Resolution Requests or appeals.
- The Resolution Specialist can assist in writing the Resolution Request or appeal.
- A digital recorder to record the Resolution Request or appeal for transcription by the Resolution department.
- A UbiDuo text-to-speech communication device for individuals with visual or hearing impairments.
- Other accommodations approved through the Accommodation Review Committee and/or the ADA Compliance Manager

The Resolution Specialist will transcribe the concern onto a Resolution Request form. The Resolution Specialist will meet with the individual and read back or communicate the typed information to ensure the concern is properly documented. The individual will sign the form to indicate the information is accurate. At the end of each response level, the individual will be placed on callout to discuss the findings and allowed to appeal. If an ADA resource is needed by an individual at a Reentry Center, the Reentry Center Managers will contact the Headquarters Resolution Program Unit for available options.

## **Additional Program Information**

### **Correspondence**

The Resolution Program Manager/designee must respond to individual correspondence mailed to the Headquarters Resolution Program Unit within 30 business days. If the Resolution Program Manager/designee cannot respond within that timeframe, they can notify the individual that the correspondence has been received and they will respond as soon as possible. Correspondence for the Resolution Program Manager can be mailed to:

Department of Corrections  
Resolution Program  
Correctional Operations  
PO Box 41129  
Tumwater, WA 98501-1129

### **Confidentiality**

Resolution Requests and reviews will not be discussed or shared with employees/contract staff/volunteers or individuals not actively involved in the process unless there are safety/security concerns. Superintendents have the final authority and the oversight of their facility Resolution Program which authorizes them to have access to all Resolution Program materials and reviews. Resolution Specialists are required to keep resolution documents secured in a locked area.

All Resolution Responses, including correspondence, will be placed in a sealed envelope, and marked "Resolution Confidential." The response will then be forwarded to the individual by institutional mail or through a postal service.

All Resolution Program documents will be provided following Chapter 42.56 RCW Public Records Act and Chapter 137-08 WAC Public Records Disclosure.

### **Community Supervision**

Individuals on community supervision will complete DOC 05-165 Resolution Request available at the local Field Office or [www.doc.wa.gov](http://www.doc.wa.gov) and submit their concerns to the Community Corrections Supervisor who will forward them to the Resolution Program Manager/designee for processing.

### **Transfers or Releases**

If the Resolution Request was started before the date of transfer or release, the resolution process will remain at the initiating facility/office.

If an individual has been transferred and wishes to file a Resolution Request or appeal with the Resolution Program at a previous facility, they can submit a Resolution Request to the Resolution Specialist at their current facility and it will be forwarded to their previous facility. Property or accounting concerns must be submitted within 90 days of an individual's transfer. All other timeframes remain as outlined on page 7 of this manual.



## **Revocation of Community Supervision**

If an individual has returned to a facility for violating their community supervision, all concerns regarding their community supervision will be forwarded to the Resolution Program Manager/designee for processing. Any concerns regarding the facility will be addressed by the facility Resolution Program.

Any open reviews or Resolution Requests will be administratively withdrawn, due to the individual's unavailability, when an individual is placed on warrant status, arrested, confined to jail, or fails to report.

## **Tort Claim Process**

Individuals are encouraged to seek a remedy through the Resolution Program to resolve concerns, especially those regarding personal property, before initiating the tort claim process. The Resolution Specialist will ensure coordination with the facility Tort Claim Manager and Legal Liaison Officer to resolve property issues. Resolution Requests or reviews concerning property issues will be provided to the Tort Claim Manager upon request.

Tort claims are filed with the Washington State Department of Enterprise Services (DES) Risk Management Division. When there is a substantiated review concerning lost or damaged property, individuals are encouraged to file a Tort claim per DOC 120.500 Tort Claims by Incarcerated Individuals.

Individuals are not required to exhaust the resolution process before filing a tort claim for property concerns. Please note, the Resolution Program does not provide monetary awards or restore property.

## **Document Requests**

All requests for copies of resolution documents will be made through the DOC Public Disclosure Unit. The Department of Corrections, DES Risk Management Division, and Office of the Attorney General can utilize resolution documents for official purposes. All requests for Resolution documents by the Attorney General's Office will go to the facility Legal Liaison to be processed and provided by the Resolution Specialist, or the Resolution Program Manager when needed. All requests for Resolution documents by the Office of Corrections Ombuds (OCO) will be made directly to the facility Resolution Specialist to be processed and provided.

## Definitions

**Abuse by Quantity:** When an individual submits multiple Resolution Requests or appeals taking their active total over the allowable limit of 5, or submits repeat Resolution Requests, appeals, or correspondence concerning the same issue/incident.

**Adverse Action:** To threaten, report a negative action on, or discriminate against someone in a manner that affects livelihood, privileges, conditions of supervision, conditions of release, and/or conditions of incarceration.

**Appeal:** Submission of a Resolution Request for processing to a higher level of review when the individual is dissatisfied with the response provided.

**Community Corrections Supervisor:** An employee directly responsible for operational oversight of a Field Office.

**Extenuating Circumstances:** a possible situation, incident, or condition that could create an unnecessary liability against the department.

**Field Administrator:** An employee responsible for the operational oversight of multiple Field Offices.

**Field Office:** An office from which individuals in the area on community supervision status are supervised.

**Health Services Administrative Concerns:** Complaints filed against Health Services that are not directly related to the physical care provided to an individual (i.e., Copay, improperly completed forms, health records, scheduling, etc.).

**Health Services Resolution Specialist (HS/RS):** A department employee who is selected by the Health Services Administrator for the operation and coordination of a facility health services resolution program in compliance with DOC 550.100 Resolution Program and the Resolution Program Manual.

**Informal Resolution:** An informal response provided to address a Resolution Request submitted by an individual at Level 0.

**Jurisdiction:** The legal authority to make decisions or changes within the department.

**Log ID Number:** An exclusive 8-digit number assigned to a Resolution Request to identify the concern from Level 0 through Level 3.

**RCW:** Revised Code of Washington

**Reentry Center Manager:** An employee directly responsible for the operational oversight of a Reentry Center.

**Resolution Program Manager:** The employee under the supervision of the Deputy Secretary of Prisons/designee who has statewide responsibility for the Resolution Program.

**Resolution Request:** Written notification on form DOC 05-165 Resolution Request that details a specific issue or action personally affecting the individual.

**Resolution Response:** A formal response provided by the department to address a Resolution Request submitted by an individual.

**Resolution Specialist (RS):** A department employee who is selected by an Appointing Authority for the operation and coordination of a facility or community resolution program in compliance with DOC 550.100 Resolution Program and the Resolution Program Manual.

**Retaliation:** An adverse action taken against a person because of that person's engagement in a legally protected activity. Retaliation is also listed under staff conduct, in this manual.

**Superintendent:** A person directly responsible for the operational oversight of a Prison.

**Substantiated Allegation:** There is evidence to support and prove the truth of the claim.

**Unfounded Allegation:** Irrefutable evidence that the allegation is not based on fact.

**Unsubstantiated Allegation:** The accusation, or the defense of the accused, is not supported or proven by the evidence.

**WAC:** Washington Administrative Code.