I. PURPOSE

To allow and encourage inmates to communicate verbally and in writing with staff in accordance with established procedures. To facilitate the exchange of information between staff and inmates through the use of a standard Offender/Staff Request (OSR) form.

II. DEFINITION

Disability – See DOC 3.3.15, Americans with Disabilities Act (ADA) Offender Accommodations, for the definition and an explanation of disability.

Emergency - For the purpose of this procedure means a condition that could result in serious physical or psychological harm to someone, or would constitute a threat to the safe, secure operation of MSP.

Offender / Staff Request (OSR) Form – An official Department form, commonly referred to as a “kite”, designed for offenders to communicate with staff and by which staff may respond to offenders.

III. PROCEDURE

A. General Guidelines

1. Inmates and staff will use a standard Offender/Staff Request (OSR) form to exchange written information.

2. Inmate Requirements (noncompliance with these requirements may result in the OSR being returned to the inmate) are as follows:
   a. inmates who have questions or problems requiring a written response from facility or Department staff must use an OSR form. Staff will not accept other written forms in place of the OSR to address these concerns. If an inmate communicates with staff by card, note or letter, disciplinary action may result. Inmates must submit medical and dental Health Care Request (HCR) forms to the Infirmary to address their medical concerns (see DOC Policy 4.5.16, Offender Non-Emergency Health Requests and Sick Call), classification appeal forms to address their concerns about their classification reviews (see MSP Procedure 4.2.1, Inmate Classification Program), disciplinary appeal forms to address their concerns about their disciplinary hearing decisions (see MSP Procedure 3.4.1, Inmate Discipline), and the grievance forms noted in MSP Procedure 3.3.3, Inmate Grievance Program to initiate, file, or appeal a grievance;
   b. if an inmate is unable to complete any form, including but not limited to an OSR form or any
form mentioned herein, as a result of a physical or mental disability, staff will assist the inmate in completing the form as follows:

1) the inmate will be required to report the information that otherwise would be written on the form to unit staff.

2) once unit staff have communicated with the individual, staff will assist the inmate in completing the requisite form. If the staff member contacted is unable to sufficiently communicate with the individual, staff will request the assistance of appropriately trained staff or other persons with requisite training, such as the Offender ADA Coordinator.

3) all information shared between the individual inmate and staff will be confidential from other inmates and unnecessary staff and will not be disclosed other than to enable the inmate to have the requisite form filed or otherwise pursued or ensure that an appropriate accommodation is provided. If assistance is provided, an appropriate notation will be made in OMIS.

4) nothing in this section will be interpreted as prohibiting an inmate’s attorney or a non-inmate representative from completing and submitting the form on the inmate’s behalf. If the attorney or a non-inmate representative submits the form on the inmate’s behalf, that person, as well as the inmate, will be notified of the facility’s response;

c. if the inmate, as a result of physical or mental disability, would be unable to sufficiently understand a written response provided to an OSR, grievance, appeal of a grievance, or any other form, the Offender ADA Coordinator and/or designee will meet with the inmate to discuss the decision; if applicable, the process for appealing the decision, and the timeframe within which the appeal must be filed.

1) this discussion shall be documented in the inmate’s institutional record. All information shared between the individual inmate and staff will be confidential from other inmates and unnecessary staff and shall not be disclosed other than to enable the inmate to have the requisite form filed or otherwise pursued, to file or otherwise pursue a grievance, file or otherwise pursue an appeal, or to ensure that an appropriate accommodation is provided;

d. if assistance is provided or any other requirement is waived, an appropriate notation shall be made in OMIS;

e. OSR forms will be readily available upon verbal request from housing unit staff;

f. inmates must limit each OSR to one issue with the written contents limited to the space provided on the form and must not attach anything to the OSR or it will not be accepted. An inmate may only provide additional information pertaining to the issue when requested to do so by staff;

g. inmates will use the institutional mail system to submit completed OSR forms to staff members. Inmates will not hand deliver OSR’s to staff. OSR forms may be mailed either sealed or unsealed, and the inmate must address it to the appropriate staff member;

h. multiple inmate signatures on an OSR will not be accepted;

i. when an inmate submits multiple OSR forms referencing a particular issue to multiple staff the forms may be forwarded to the appropriate staff member for a response. If the issue has been previously addressed the OSR will not be accepted;

j. noncompliance with these requirements may result in an OSR being returned to the inmate unanswered; and

k. an OSR containing demeaning, threatening, vulgar, or profane language or any violation of a
procedure, policy, rule, or law will not be answered and may result in disciplinary or legal action against the inmate. The Warden may limit an inmate’s use of the OSR system if the inmate is using it to harass or abuse staff.

3. Staff requirements are as follows:
   a. as inmates must use an OSR form to submit written questions or problems to facility and Department staff, staff will not accept other written forms in place of the OSR to address these concerns, however no staff member will intercept, stop, destroy, delay or otherwise attempt to interfere with an inmate using an OSR to communicate with staff;
   b. housing unit staff will make OSR forms readily available to inmates. OSR forms will conform to the general guidelines set forth in DOC Policy 3.3.5 Offender / Staff Communication Methods, regarding format as reflected in the attached sample;
   c. staff response to the OSR must be written and must be timely. Staff members wishing to discuss the issue in person with the inmate must say that in the response. If an immediate response is impossible, the staff member must acknowledge receipt of the request and provide an anticipated date of response to the inmate;
   d. all staff receiving an OSR form from an inmate will first determine whether its contents reveal an emergency, safety, or security issue. Emergency, safety, and security matters will receive immediate attention. If the staff member determines the issue addressed in the OSR is an emergency, they must respond to it within 24 hours from receipt of the OSR. The staff member will forward a copy to the Associate Warden of Security;
   e. if the staff member who receives the OSR determines another person should address the issue they will forward the OSR to the appropriate staff member;
   f. staff responding to an OSR dealing with safety and security issues will forward a copy to the inmate’s housing unit staff who will file it in the unit mini-file and/or records file as deemed appropriate by the Unit Management Team;
   g. OSRs dealing with matters other than security and safety may contain information that may be important to properly classify the inmate(s), or to investigate subsequent inmate claims. Therefore, staff will evaluate all requests to determine whether or not they should be copied and appropriately filed, to assure all potentially pertinent requests are retained;
   h. when the receiving staff member determines an alternative communication method (such as grievance, medical request form, or disciplinary appeal) is more appropriate, the staff member will provide this explanation to the inmate on the OSR form; and
   i. staff will comply with the handling of communications from inmates with disabilities as set forth in section III.A.2, above.

B. Verbal Communication

1. Staff and inmates are encouraged to base their verbal communications on dignity, integrity, honesty, decency and mutual respect. This includes the following:
   a. staff and inmates will only speak to each other concerning facility related issues;
   b. staff and inmates will not speak to each other outside of the staff members work hours;
   c. inmates are encouraged to address all staff members by their proper title (i.e. Captain, Lieutenant, Sergeant, Officer, etc.,) followed by their last name;
   d. staff are encouraged to address inmates by their last names; and
   e. staff and inmates will not speak to others using demeaning, threatening, vulgar, or profane language. Violations may result in disciplinary action.
IV. CLOSING

Questions concerning this operational procedure will be directed to the immediate supervisor.

V. ATTACHMENT

OSR Form attachment A
OFFENDER/STAFF REQUEST (OSR) FORM

TO: _______________________________ DATE: __________
(Name and title of staff person)

NAME: ________________________ ID#: __________ FACILITY: __________ UNIT: __________

SUBJECT: (Briefly state your question and or concern and the solution you are requesting. Your failure to be specific may result in no action being taken. If necessary you may be interviewed in order to successfully respond to this request)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

STAFF RESPONSE: (for staff use only)

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

☐ Addressed Verbally ☐ Unanswered –violation of policy

/ _______________________________ / _______________________________ /
(Staff Member Signature) (Job Title) (Date)

MSP 3.3.5, Inmate/Staff Communications Methods Attachment A Effective: May 13, 2009