

\_\_\_\_\_  
Officer's Name: Print and Signature

\_\_\_\_\_  
Date

CASE NO. \_\_\_\_\_

**MARYLAND DIVISION OF CORRECTION**  
**REQUEST FOR ADMINISTRATIVE REMEDY**  
(Instructions for completing this form are on the back)

TO:  Warden of Institution

Emergency Request:  Check only if your complaint poses a continued threat to your health, safety, or welfare.

FROM: \_\_\_\_\_  
Last Name First Name Middle Initial DOC Number Institution

Housing Location \_\_\_\_\_ Protective Custody  Administrative Segregation  Disciplinary Segregation

**Part A – INMATE REQUEST**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Inmate

**Part B – RESPONSE**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Warden

You may appeal this response by following the procedure prescribed on the back of this form.

**Part C – RECEIPT**

Case No. \_\_\_\_\_

RETURN TO: \_\_\_\_\_  
Last Name First Name Middle Initial DOC Number Institution

I acknowledge receipt of your complaint dated \_\_\_\_\_ in regard to: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Institutional ARP Coordinator

Original: White – Institutional ARP Coordinator  
Copy: Canary - Inmate

### **Instructions to Inmates for Completing Request for Administrative Remedy, DOC Form 185-002c**

1. Use a typewriter, ink, or pencil.
2. Your request must be addressed to the Warden of the institution where you are housed, regardless of where the incident which you are complaining about occurred.
3. Your complaint must be submitted within the later of thirty (30) calendar days of the date on which the incident occurred or thirty (30) calendar days from the date that you first gained knowledge of the incident or injury giving rise to the complaint. Read DCD 185-002 for a complete description of time frames.
4. If you believe that your request concerns a situation that poses a continuing threat to your health, safety, or welfare, you may ask that your request be processed as an emergency by checking the space provided.
5. Type or print the specifics of the complaint in the space provided in Part A. Use one form for each complaint or closely related complaints. Be sure to include the date of the incident, the names of the people involved, and a description of the incident. A description of any efforts you have made to resolve the incident informally before submitting this request is helpful. Keep the specifics as brief as possible. If you checked the Emergency Request space, you must include an explanation for why you believe your complaint should be processed as an emergency. If you need more space, use the continuation sheet that is in duplicate form.
5. Date and sign the request in the spaces provided in Part A. You may write "see attached" in Part A and attach a written or typed complaint on the continuation sheet that is in duplicate form.
6. Submit the request to an officer in the control center of the housing unit, a tier officer or a custody supervisor. If the Warden has issued an Information Bulletin (IB) for submitting a Request for Administrative Remedy, follow those procedures.
7. If you need assistance in completing or submitting a Request for Administrative Remedy, write to your institutional administrative remedy coordinator.
8. If at any time you wish to withdraw your complaint, please sign and date the Withdrawal Form, Appendix 5 to DCD 185-002 and submit it to any staff member.

### **Instructions to Staff for Completing - Receipt for Administrative Remedy, DOC Form 185-002c.**

1. Sign and date the form(s) in the upper right hand corner where indicated.
2. Give the canary copy of the form(s) to the inmate.
3. Deliver the white copy of the form(s) to a location designated by the warden by the end of your shift.

### **Inmate Appeal Procedure**

If you choose to appeal the warden's response, you must complete the Headquarters Appeal of Administrative Remedy Response, Appendix 6 to DCD 185-002. The appeal must be received within 30 calendar days from the date you received the Warden's response or within 30 calendar days from when the Warden's response was due.

**Part A (Continued) – INMATE REQUEST**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inmate's Name: Print and Signature

\_\_\_\_\_  
DOC#

**Part A (Continued) – INMATE REQUEST**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Inmate's Name: Print and Signature

\_\_\_\_\_  
DOC #