STATE OF LOUISIANA
DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS
CORRECTIONS SERVICES

Department Regulation
No. OP-C-13
08 February 2019

OPERATIONS
Offender Rules and Discipline
Administrative Remedy Procedure

1. AUTHORITY: Secretary of the Department of Public Safety and Corrections as contained in Chapter 9 of Title 36.


3. PURPOSE: To constitute the Department's "Administrative Remedy Procedure" for offenders as a regulation.

4. APPLICABILITY: Deputy Secretary, Chief of Operations, Regional Wardens, Wardens, and Sheriffs or Administrators of local jail facilities. Each Unit Head is responsible for ensuring that all unit written policies and procedures are in place to comply with the provisions of this regulation. Furthermore, the provisions of this regulation as amended are applicable retroactively, and thus apply to any policy, condition, action, or request for administrative remedy filed prior to the date.

5. POLICY: It is the Secretary’s policy that all offenders and employees have reasonable access to and comply with the Department’s "Administrative Remedy Procedure" through which an offender may seek formal review of a complaint. Offenders housed in local jail facilities shall also be afforded reasonable access to a grievance remedy procedure as outlined in Department Regulation No. JO-1 "Basic Jail Guidelines" (VI-B-002 Grievance Process). Revisions shall be accomplished through this regulation under the signature of the Secretary.

/s/James M. Le Blanc
Secretary

Attachment: Administrative Remedy Procedure

This regulation supersedes Department Regulation No. B-05-005 dated 10 July 2013.

Reviewed as of: October 1, 2019
ADMINISTRATIVE REMEDY PROCEDURE

THIS IS A REQUEST FOR ADMINISTRATIVE REMEDY

Offender's Name ___________________________ DOC # ___________________________ Date of Incident/Complaint ___________________________

Place and Time of Incident/Complaint

Describe Nature of Complaint (i.e. WHO, WHAT, WHEN, WHERE, and HOW):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Relief or Remedy the Offender is Requesting:

________________________________________________________________________

Offender's Signature ___________________________ DOC # ___________________________ Date ___________________________

TO: ___________________________

Offender's Name and DOC #

( ) ACCEPTED: Please respond to the offender within 40 days/Five days for PREA.

( ) REJECTED: Your request has been rejected for the following reason:

________________________________________________________________________

________________________________________________________________________

ARP Screening Officer ___________________________ Date ___________________________