

## **CLIENT GRIEVANCE INFORMATION**

Any person receiving services from the Seventh Judicial District Department of Correctional Services may file a grievance or complaint against the Department, or any of its staff members, because of a Department decision, action or policy. Court or Board of Parole ordered actions or requirements may not be grieved through the Department's grievance process.

You may file a grievance against this Department or a staff member without fear of discrimination or reprisal.

To file a grievance, you must follow this procedure:

First, discuss your grievance with your supervising officer. Your officer will give you a response within seven (7) days.

If you are dissatisfied with your supervising officer's response, you have seven (7) days to submit your written grievance on the **Client Grievance Form** to your supervising officer's Supervisor. Your supervising officer will provide you with the grievance form upon your request. Your written grievance must describe your complaint and the remedy you wish taken. The Supervisor will meet with you to discuss your grievance. The Supervisor will respond, in writing, within seven (7) days after the meeting.

If you are dissatisfied with the Supervisor's decision, you have seven (7) days from the receipt of the Supervisor's written response to submit another **Client Grievance Form** to the Department District Director. The District Director or the Director's designee will review your grievance and respond, in writing, within ten (10) days. The District Director or designee may choose to meet with you or others, if considered necessary. The District Director or designee's decision is the final Department grievance step.

If you are dissatisfied with the District Director or designee's decision, you may seek the assistance of the State Ombudsman's Office or consult an attorney for other options that you may have.

Seventh Judicial District Department of Correctional Services & the Iowa Department of Corrections  
**AN OVERVIEW FOR PROBATIONERS AND PAROLEES ON PREVENTION OF SEXUAL MISCONDUCT**

**DEFINITION OF SEXUAL MISCONDUCT:** Conduct of a sexual nature by any staff member, volunteer, or contractor of the District Department of Correctional Services or the Iowa Department of Corrections that is directed toward offenders under supervision of either department. Sexual misconduct with offenders includes acts or attempt to commit acts of sexual contact, sexual abuse, sexual assault, invasion of privacy, intimacy, or behavior for personal sexual gratification.

It is **NEVER** appropriate for a staff member, volunteer, or contractor of the District Department or Department of Corrections to make sexual advances, comments or to engage in sexual contact with an offender. Even if the offender wants to be involved with the staff member, the staff member is not allowed to respond. It is a crime in Iowa for a corrections employee to have sexual contact with an offender.

**WHAT TO DO IF I AM ASSAULTED?**

You should report sexual assaults to the Police Department or Sheriff. If the sexual assault was recent, you will be asked to consent to a sexual assault exam by a qualified health care professional. Your consent is needed for this type of exam. Even though you may want to clean up after the assault, ***it is important that you advise staff immediately, or as soon as practical, and be seen by medical staff before you shower, wash, drink, change clothing, or use the bathroom.***

**REPORTING STAFF SEXUAL MISCONDUCT**

Sexual misconduct by staff is prohibited, but it must be reported before action can be taken. Do not rely on anyone else to report misconduct - when it is experienced or seen, report it immediately.

To make sure that sexual misconduct is reported, the District Department and the Iowa Department of Corrections has several ways for offenders to report confidentially. Offenders may use the reporting method with which they are most comfortable:

- Send a letter to or make a telephone call to District Director Waylyn McCulloh at 605 Main Street, Davenport, Iowa 563-484-5380.
- Send a letter to: Iowa Ombudsman Office, Ola Babcock Miller Building, 1112 East Grand Ave., Des Moines, Iowa 50319
- Call 1-800-284-7821 from an offender telephone and make a verbal report. This line will be answered 24 hours a day, seven days a week and information will be forwarded to DOC Central Office staff.

**WHAT HAPPENS TO REPORTS OF SEXUAL MISCONDUCT?**

The District Department or the Iowa Department of Corrections will investigate all allegations of sexual misconduct, including allegations of: Sexual harassment, Sexual assault, Over-familiarity

**POSSIBLE OUTCOMES OF AN INVESTIGATION**

Keep in mind a thorough investigation takes time. The investigation must clearly support or refute any allegation with evidence, information gathered from witnesses, and documentation.

After the investigation is finished, one of the following decisions will be reached:

- There is sufficient evidence to conclude the allegation is true.
- There is insufficient evidence to conclude the allegation is or is not true.
- There is enough evidence to prove that the allegation is not true. This means that the evidence shows that the offender made a false allegation. If the investigation proves the offender made a false allegation, she/he is subject to corrective action being taken including discipline.
- There is not enough evidence to prove that the allegation is true, but there is evidence to prove that another law, policy or rule was violated.

Any staff member who sexually abuses or assaults an offender will be disciplined up to and including discharge and may be referred to the County Attorney for prosecution. Discipline and criminal prosecution are more likely to be successful if the abuse is reported immediately.

**WHAT TO DO IF I AM SEXUALLY ASSAULTED BY ANOTHER PERSON?**

- You should report sexual assaults to the Police or Sheriff's Department. You may also want to contact a Rape Crisis Center for assistance.
- My signature below indicates that I have received a copy of the **Client Grievance Information** and I am aware that I may file a grievance if I believe it is appropriate.
- My signature below also indicates that I have received a copy of the Seventh Judicial District Department of Correctional Services and Iowa Department of Corrections **Overview For Probationers And Parolees Regarding The Prevention Of Sexual Misconduct** and what steps I should take if it occurs. I have been provided with an opportunity to discuss this issue and ask questions.

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date