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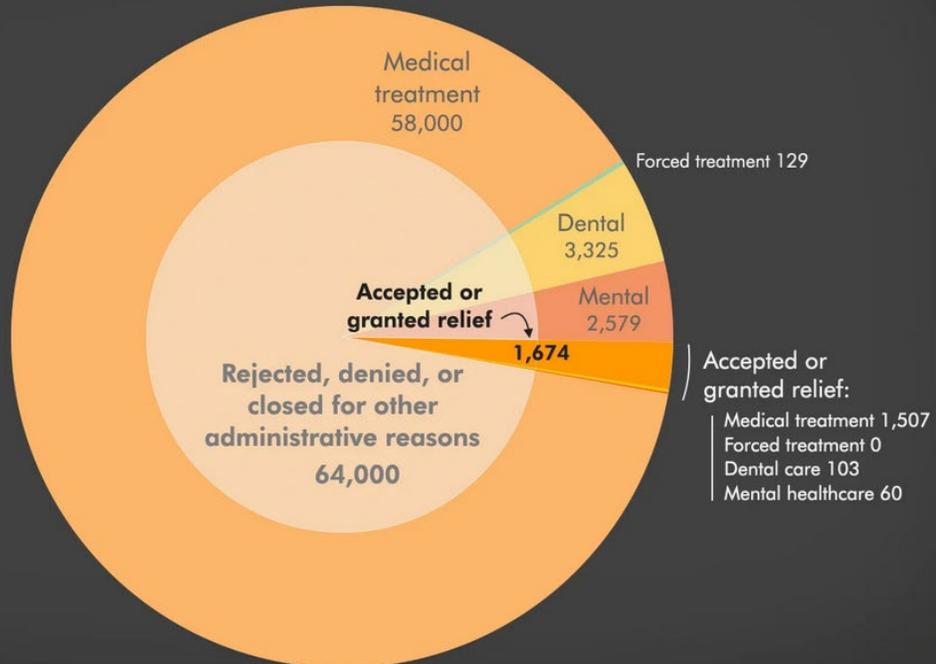
In federal prisons, the grievance system is designed to reject nearly all complaints about medical care

We analyzed data about formal complaints made by incarcerated people regarding medical care in federal prisons and can only conclude that grievance systems are designed to thwart nearly every one.

by **Brian Nam-Sonenstein**, March 24, 2026

In federal prisons, less than 1% of medical grievances end in relief

Between 2014 and 2024, a startling 98% of medical grievances in federal prisons were rejected, often for administrative reasons such as using the wrong size sheet of paper or different wordings across forms.



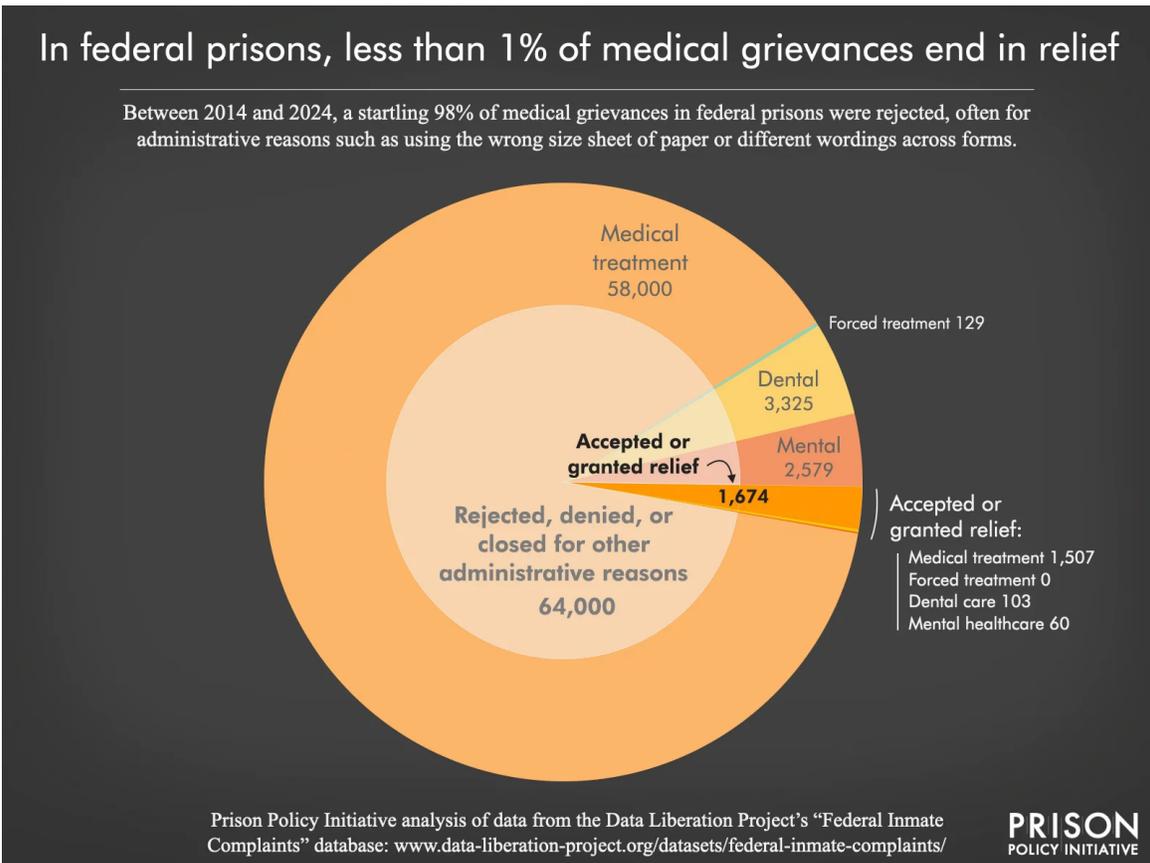
When incarcerated people face abuse and mistreatment, they can typically file a formal complaint with jail or prison administrators. In federal prisons, the system for resolving these complaints is known as the “Administrative Remedy Program,” but it’s more commonly referred to as a “grievance system” in state prisons and local jails. Grievance systems are supposed to provide incarcerated people with a way to challenge issues they face behind bars — such as inadequate medical care, harassment by corrections officers, or unsanitary living conditions — and (hopefully) receive some kind of relief. In practice, however, incarcerated people who turn to grievance systems are forced to run a gauntlet of rules and regulations just to be heard, and very rarely succeed. This is especially true when it comes to medical complaints: our analysis of a decade of data from the Data Liberation Project finds that, **between 2014 and 2024, a startling 98% of medical grievances were rejected** for reasons ranging from the bureaucratic (such as using the wrong size sheet of paper) to the substantive (actually being denied on the merits of the complaint). Less than 1% of medical cases ended in a grant of relief.

A functioning grievance system is an important lifeline for incarcerated people, who have very little leverage to affect their circumstances. It’s especially important for health-related matters, given that incarcerated people suffer from illness and disease at rates far exceeding that of the general public, and their access to medical care is highly constrained and notoriously awful. But in the end, a system does what it is designed to do, not what it is intended to do, and the federal grievance system rejects *nearly every medical complaint* filed by incarcerated people, often for vague or trivial reasons.

In this briefing, we examine the statuses of nearly 66,000 medical grievances from across the Bureau of Prisons to determine what kinds of medical complaints are most common in the federal system and how incarcerated people fare in their pursuit of relief.

The federal prison grievance system is designed to shut down complaints

Major segments of the U.S. population struggle to obtain basic medical care, but incarcerated people face especially challenging barriers and limitations such as the inability to choose doctors, get second opinions, or continue treatments prescribed prior to their incarceration. Conditions are so bad on the inside that since 2000, roughly half of all state prison systems have been court-ordered to improve mental and medical healthcare.



Our analysis of a decade of data from the [Data Liberation Project](#) finds that, between 2014 and 2024, a startling 98% of medical grievances were rejected for reasons ranging from the bureaucratic (such as using the wrong size sheet of paper) to the substantive (actually being denied on the merits of the complaint). Less than 1% of medical cases ended in a grant of relief. See [Appendix A](#) for more information.

The sheer volume of correctional healthcare lawsuits reflects how ineffective prison grievance systems are for incarcerated people. After all, grievance systems should help people address their concerns so that neither side has to engage in costly, time-consuming litigation. Instead, grievance systems gatekeep actual opportunities for accountability in the courts.

The sheer volume of prison healthcare lawsuits reflects how ineffective grievance systems are for incarcerated people.

The federal Bureau of Prisons' grievance system, in the simplest terms, works like this:

1. **Informal resolution:** An incarcerated person must first attempt to resolve their complaint informally by speaking directly to the person with whom they have an issue. As one might imagine, this first hurdle can easily dissuade people from pursuing their complaint for fear of retaliation — especially when that person works for the prison.
2. **Formal resolution:** If they can't informally resolve the issue, an incarcerated person can file a formal complaint with the warden, who is supposed to investigate and respond. To do this, the incarcerated person must overcome tedious administrative hurdles for their complaint to even be considered, including adhering to short deadlines^① and specific requirements like using the correct paper

- size, attaching the right number of copies, or using the right form (of which there are many).
3. **Appeals:** If the warden denies the grievance or fails to resolve it, the incarcerated person can first appeal to the regional office and, if denied or unresolved again, can appeal to the central office.
 4. **Lawsuits:** Due to restrictions imposed under the Prison Litigation Reform Act, this administrative system must be completely exhausted before an incarcerated person can file a lawsuit in court to compel relief.

So, how far do complaints about medical care make it through this system? Our analysis of federal medical grievance data ^② provides a snapshot (as of May 2024) of the statuses of nearly 66,000 complaints filed between January 2014 and January 2024. ^③ At the time the data were exported, nearly one-third (32%) of all medical complaints had been rejected because they were “improperly filed” according to one administrative rule or another; another 51% had been closed upon appeal for administrative reasons. In particular, the dental and mental health grievance categories had the highest rates of these rejections: 78% of dental and 83% of mental health grievances were tossed out for administrative reasons, including cases that had reached the appeals stage.

The data snapshot reveals that just 14% of all medical grievances over the decade made it past these administrative tests only to be denied on the actual merits of the complaint. Here, again, mental health and dental-related categories had the highest percentage (20%) of cases denied relief. Remarkably and disturbingly, zero grievances pertaining to pregnancy, abortion, or childcare in this decade-long dataset were granted relief. Meanwhile, the categories of “other forced medical treatment” and “forced psychotropic medication” had zero cases that were even accepted for consideration.

Contrast this with the victories: Only 1% of cases over the decade had a status indicating they were granted relief. This amounts to a grand total of just 940 cases out of 65,712. While the dataset doesn’t include details on those outcomes, relief is typically specific to the grievance. For example, if a person files a grievance because they were denied a particular medication, they might seek relief in the form of access to that medication.

As one might expect, the most common grievance subjects match what we know about common structural issues with prison healthcare. In terms of raw numbers, the following grievance subjects had the highest numbers of complaints and subsequent denials of relief:

Grievance subjects with the highest number of cases in which the prison denied relief

Subject category	Percentage of all medical grievances	Percentage of cases in this category that were denied relief	Cases denied relief
Delayed or lack of access to medical care	33%	10%	2,242
Improper or inadequate medical care	17%	14%	1,568
Prescription medication	12%	18%	1,389

To see all case outcomes for each subject, see [Appendix B](#).

Alternatively, we can look at grievance subjects that had the highest *proportion* of cases in which the prison denied relief. Here, again, we see subjects that match some of the most notorious problems in prison healthcare:

Grievance subjects with the highest proportion of cases in which the prison denied relief

Subject category	Percentage of cases in this category that were denied relief	Cases denied relief
Copay issues	35%	350
Psychotropic or other mental health medications	25%	119
Non-medication prescriptions (e.g., walking aids or medical necessity mattresses)	24%	642

To see all case outcomes for each subject, see [Appendix B](#).

Tedious paperwork issues are a leading reason for rejected grievances

As the data show, federal prisons don't reject most grievances on the merits. Instead, most are rejected because incarcerated people fail to navigate administrative rules for submitting complaints, so their grievances are never actually judged on their merits.

Why are so many complaints rejected on technicalities? Put simply, many of the rules and requirements that govern the grievance process are difficult for incarcerated people to meet. Prison officials control the time and movement of incarcerated people, which can hinder their ability to access the necessary forms and submit complaints to the right person in a timely manner. They also restrict the type and amount of property people can keep in their cells, including writing tools and materials they would need to fill out grievance forms. Add to this the typically lower levels of educational attainment and literacy among incarcerated people compared to the general population, and it becomes obvious that the various confusingly-named forms, rules about single-subject complaints, prohibitions on third-party assistance,⁴ and other highly

With nearly all grievances rejected or denied, it's hard not to see the federal system as designed to block complaints and lawsuits rather than a meaningful path for relief.

specific rules work to thwart most grievances before they're ever considered on their merits. Other requirements, like requiring attempted informal resolutions as a first step, may sound reasonable in the abstract but can quickly dissuade incarcerated people who might fear retaliation for speaking up, especially in abusive situations. On top of all of this, those filing medical grievances *are dealing with unresolved medical issues* as they fight to receive basic dignified care.

In the dataset,⁵ each case can have up to five reasons explaining why it was rejected and/or closed. We tabulated the most common reasons for rejection given across cases to find that:

- 2 in 5 reasons for rejection pertained to various paperwork issues (such as failing to provide a copy of a particular form, using the wrong size paper, illegible writing or different wordings across forms, failing to write separate appeals for each incident report, or the grievance was filed to the wrong place/person).
- 1 in 10 reasons claimed the complainant failed to first exhaust all other, informal avenues for resolution.
- 1 in 12 (8%) reasons pointed to a failure to adhere to time limits for initial complaints and appeals.

The remaining reasons were a mix of withdrawn complaints, repetitive filings, rejections for subjects that are not appealable or “not sensitive issues,” or because the complaint allegedly contained “obscene language.”

Are grievance systems designed to solve problems, or deter lawsuits?

In theory, grievance procedures are an important tool for incarcerated people to pursue fair treatment and defend themselves in a system designed to disempower them. This power is particularly important in the context of medical care, where needs are widespread and urgent, and where failure to meet them can lead to injury, illness, and death. In practice, however, the grievance system is a black hole, a time-waster, and a deterrent to complaining at all. It's a long and winding maze of rules and technicalities that must be cleared before an incarcerated person can get their complaint to a setting that might actually force a change: the courts.

As we explain in our report, *Cut-rate Care*, prison healthcare often functions in a similar way, denying and delaying care until the incarcerated person either (1) becomes so frustrated that they give up, (2) pursues their complaint all the way to an improbable success in the courts, or (3) is released or dies. With nearly 100% of medical grievances rejected or denied, it's hard not to see the federal grievance system as a process designed to block or discourage complaints and lawsuits rather than a meaningful path for relief, protection, or accountability.

Grievance systems are black holes, time-wasters, and deterrents to complaining at all.

At minimum, prison grievance systems should be operated independently, not run by prison administrators,⁶ and incarcerated individuals' complaints should carry more

weight, be easier to file, and lead to more meaningful and rapidly-delivered relief than they currently do.

Data and Methodology

The data used in this briefing were obtained via the [Data Liberation Project](#). According to the [data documentation](#) provided by the Data Liberation Project:

The Federal Bureau of Prisons (BOP)'s [Administrative Remedy Program](#) “allow[s] an inmate to seek formal review of an issue relating to any aspect of his/her own confinement.” BOP tracks those complaints through SENTRY, the agency’s “[primary mission support database](#).”

In October 2022, the [Data Liberation Project](#) filed a [request](#) to BOP, seeking a copy of all database records stored in SENTRY’s “Administrative Remedy System module.” Through a series of phone calls and emails, BOP indicated that the agency did not have the capacity to export the complete set of requested records, but was able to export a substantial subset of data-points for each case. BOP [provided](#) those records to the Data Liberation Project on June 10, 2024.

The raw dataset contains 1,783,999 complaint and appeal filings covering the time period between January 2000 and May 2024. It contains grievances about a range of issues, such as living conditions and work arrangements, in addition to the medical complaints we analyzed.

The dataset provided by the Bureau of Prisons is best understood as a snapshot of case statuses at the time the data were pulled to fulfill the Data Liberation Project’s request. Grievances moving through the federal system are fluid and subject to change. The dataset only provides the most recent status for each case, which eliminates many duplicate records but also prevents us from seeing a historical view of how cases made their journey through the system. Furthermore, some cases may be incompletely represented — for example, if a case’s initial filing(s) were submitted prior to the start date of the dataset and later appealed, only the appeal would appear in the dataset.

Additionally, a given complaint can have multiple entries in the dataset, for example when someone’s case is rejected on a technicality and must be resubmitted. To analyze the data, we deduplicated these cases to isolate entries with the most recent case status update and narrowed the time series to between the years 2014 and 2024.

The data are organized on two levels:

1. Primary subjects are the general topic (for example, Dental Care).
2. Secondary subjects are a narrower subset of the primary subject (for example, Dental appliances).

We tabulated the number of cases for each primary and secondary subject and their statuses. There are five case statuses:

1. **Accepted:** Grievance was properly filed and will move toward resolution.
2. **Rejected:** Grievance was improperly filed or the process was not properly exhausted at lower levels; it's rejected without consideration of the merits.
3. **Closed – Denied:** Requested relief was denied on the merits.
4. **Closed – Granted:** Requested relief was granted on the merits.
5. **Closed – Other:** The case was closed on appeal.

In addition to case subject categories and statuses, the dataset provides “**reason codes**” that provide the Bureau of Prisons’ reasoning for particular statuses. Each case can have up to five reason codes. Some entries had blank fields for their reason codes, while others had codes that were too opaque to be meaningful (for example, “see remarks,” “information/explanation only,” and “resubmit appeal”). For our analysis, we aggregated all reason codes across cases and discarded these vague codes to isolate only those that shed some light on the reasoning behind particular decisions.

Appendices

The following data were obtained by the [Data Liberation Project](#) following a Freedom of Information Act request for [grievance records](#) from the Bureau of Prisons. See their [data documentation resources](#) for details and access to the full dataset.

Appendix A: Federal medical grievances by primary subject and status (2014–2024)

Primary subject	Case status	Number of grievance cases	Percent of cases with this status within primary subject	Percent of all cases with this status and primary subject
Dental care	Accepted	25	1%	0%
Dental care	Closed Denied	475	14%	1%
Dental care	Closed Granted	78	2%	0%
Dental care	Closed Other	1,952	57%	3%
Dental care	Rejected	898	26%	1%
	Dental total	3,428		5%
Medical treatment – forced	Accepted	2	2%	0%
Medical treatment – forced	Closed Denied	18	14%	0%
Medical treatment – forced	Closed Granted	2	2%	0%
Medical treatment – forced	Closed Other	50	38%	0%
Medical treatment – forced	Rejected	61	46%	0%
	Treatment-forced total	133		0%
Medical – excluding forced treatment	Accepted	674	1%	1%
Medical – excluding forced treatment	Closed Denied	8,286	14%	13%
Medical – excluding forced treatment	Closed Granted	833	1%	1%
Medical – excluding forced treatment	Closed Other	30,408	51%	46%
Medical – excluding forced treatment	Rejected	19,311	32%	29%
	Medical excluding forced total	59,512		91%
Mental health care	Accepted	33	1%	0%
Mental health care	Closed Denied	533	20%	1%
Mental health care	Closed Granted	27	1%	0%
Mental health care	Closed Other	988	37%	2%
Mental health care	Rejected	1,058	40%	2%
	Mental health total	2,639		4%
	all records total	65,712		

Appendix B: Federal medical grievances by secondary subject and status (2014–2024)

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
Dental care	Dental appliances (braces, bridges, crowns, etc.)	Accepted	6	1%	0%
Dental care	Dental appliances (braces, bridges, crowns, etc.)	Closed Denied	125	16%	0%
Dental care	Dental appliances (braces, bridges, crowns, etc.)	Closed Granted	19	2%	0%
Dental care	Dental appliances (braces, bridges, crowns, etc.)	Closed Other	463	58%	1%
Dental care	Dental appliances (braces, bridges, crowns, etc.)	Rejected	185	23%	0%
		total	798		1%
Dental care	Dental care – delay or access to	Accepted	11	1%	0%
Dental care	Dental care – delay or access to	Closed Denied	176	12%	0%
Dental care	Dental care – delay or access to	Closed Granted	37	2%	0%
Dental care	Dental care – delay or access to	Closed Other	938	62%	1%
Dental care	Dental care – delay or access to	Rejected	349	23%	1%
		total	1,511		2%
Dental care	Dental care – improper or inadequate	Accepted	6	1%	0%
Dental care	Dental care – improper or inadequate	Closed Denied	124	16%	0%
Dental care	Dental care – improper or inadequate	Closed Granted	14	2%	0%
Dental care	Dental care – improper or inadequate	Closed Other	397	51%	1%
Dental care	Dental care – improper or inadequate	Rejected	237	30%	0%
		total	778		1%
Dental care	Other dental matters	Accepted	2	1%	0%
Dental care	Other dental matters	Closed Denied	50	15%	0%
Dental care	Other dental matters	Closed Granted	8	2%	0%
Dental care	Other dental matters	Closed Other	154	45%	0%
Dental care	Other dental matters	Rejected	127	37%	0%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
		total	341		1%
Medical treatment – forced	Forced psychotropic medication	Accepted	0	0%	0%
Medical treatment – forced	Forced psychotropic medication	Closed Denied	1	8%	0%
Medical treatment – forced	Forced psychotropic medication	Closed Granted	0	0	0%
Medical treatment – forced	Forced psychotropic medication	Closed Other	3	25%	0%
Medical treatment – forced	Forced psychotropic medication	Rejected	8	67%	0%
		total	12		0%
Medical treatment – forced	Hunger strikes and forced feeding	Accepted	2	2%	0%
Medical treatment – forced	Hunger strikes and forced feeding	Closed Denied	11	12%	0%
Medical treatment – forced	Hunger strikes and forced feeding	Closed Granted	1	1%	0%
Medical treatment – forced	Hunger strikes and forced feeding	Closed Other	36	39%	0%
Medical treatment – forced	Hunger strikes and forced feeding	Rejected	42	46%	0%
		total	92		0%
Medical treatment – forced	Other forced medical treatment	Accepted	0	0%	0%
Medical treatment – forced	Other forced medical treatment	Closed Denied	6	21%	0%
Medical treatment – forced	Other forced medical treatment	Closed Granted	1	3%	0%
Medical treatment – forced	Other forced medical treatment	Closed Other	11	38%	0%
Medical treatment – forced	Other forced medical treatment	Rejected	11	38%	0%
		total	29		0%
Medical – excluding forced	Consultant referrals, recommendations	Accepted	32	1%	0%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
treatment					
Medical – excluding forced treatment	Consultant referrals, recommendations	Closed Denied	573	18%	1%
Medical – excluding forced treatment	Consultant referrals, recommendations	Closed Granted	50	2%	0%
Medical – excluding forced treatment	Consultant referrals, recommendations	Closed Other	1,925	59%	3%
Medical – excluding forced treatment	Consultant referrals, recommendations	Rejected	693	21%	1%
		total	3,273		5%
Medical – excluding forced treatment	Medical care – delay or access to	Accepted	223	1%	0%
Medical – excluding forced treatment	Medical care – delay or access to	Closed Denied	2,242	10%	3%
Medical – excluding forced treatment	Medical care – delay or access to	Closed Granted	322	1%	0%
Medical – excluding forced treatment	Medical care – delay or access to	Closed Other	11,915	55%	18%
Medical – excluding forced treatment	Medical care – delay or access to	Rejected	6,942	32%	11%
		total	21,644		33%
Medical – excluding forced treatment	Medical care – improper or inadequate	Accepted	59	1%	0%
Medical – excluding forced treatment	Medical care – improper or inadequate	Closed Denied	1,568	14%	2%
Medical – excluding forced treatment	Medical care – improper or inadequate	Closed Granted	86	1%	0%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
Medical – excluding forced treatment	Medical care – improper or inadequate	Closed Other	5,185	48%	8%
Medical – excluding forced treatment	Medical care – improper or inadequate	Rejected	3,977	37%	6%
		total	10,875		17%
Medical – excluding forced treatment	Medical matters – copay issues	Accepted	6	1%	0%
Medical – excluding forced treatment	Medical matters – copay issues	Closed Denied	350	35%	1%
Medical – excluding forced treatment	Medical matters – copay issues	Closed Granted	64	6%	0%
Medical – excluding forced treatment	Medical matters – copay issues	Closed Other	355	35%	1%
Medical – excluding forced treatment	Medical matters – copay issues	Rejected	235	23%	0%
		total	1,010		2%
Medical – excluding forced treatment	Medical records	Accepted	20	1%	0%
Medical – excluding forced treatment	Medical records	Closed Denied	154	8%	0%
Medical – excluding forced treatment	Medical records	Closed Granted	45	2%	0%
Medical – excluding forced treatment	Medical records	Closed Other	1,054	57%	2%
Medical – excluding forced treatment	Medical records	Rejected	570	31%	1%
		total	1,843		3%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
Medical – excluding forced treatment	Medication assisted treatment	Accepted	74	8%	0%
Medical – excluding forced treatment	Medication assisted treatment	Closed Denied	76	8%	0%
Medical – excluding forced treatment	Medication assisted treatment	Closed Granted	3	0%	0%
Medical – excluding forced treatment	Medication assisted treatment	Closed Other	495	54%	1%
Medical – excluding forced treatment	Medication assisted treatment	Rejected	261	29%	0%
		total	909		1%
Medical – excluding forced treatment	Non-medication prescriptions – bed boards, idles, etc.	Accepted	20	1%	0%
Medical – excluding forced treatment	Non-medication prescriptions – bed boards, idles, etc.	Closed Denied	642	24%	1%
Medical – excluding forced treatment	Non-medication prescriptions – bed boards, idles, etc.	Closed Granted	69	3%	0%
Medical – excluding forced treatment	Non-medication prescriptions – bed boards, idles, etc.	Closed Other	1,294	48%	2%
Medical – excluding forced treatment	Non-medication prescriptions – bed boards, idles, etc.	Rejected	647	24%	1%
		total	2,672		4%
Medical – excluding forced treatment	Other medical matters	Accepted	116	1%	0%
Medical – excluding forced treatment	Other medical matters	Closed Denied	1,134	13%	2%
Medical – excluding forced	Other medical matters	Closed Granted	81	1%	0%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
treatment					
Medical – excluding forced treatment	Other medical matters	Closed Other	3,554	42%	5%
Medical – excluding forced treatment	Other medical matters	Rejected	3,536	42%	5%
		total	8,421		13%
Medical – excluding forced treatment	Other women’s medical issues	Accepted	2	2%	0%
Medical – excluding forced treatment	Other women’s medical issues	Closed Denied	12	14%	0%
Medical – excluding forced treatment	Other women’s medical issues	Closed Granted	3	3%	0%
Medical – excluding forced treatment	Other women’s medical issues	Closed Other	44	51%	0%
Medical – excluding forced treatment	Other women’s medical issues	Rejected	26	30%	0%
		total	87		0%
Medical – excluding forced treatment	Pregnancy, abortion, childbirth	Accepted	1	5%	0%
Medical – excluding forced treatment	Pregnancy, abortion, childbirth	Closed Denied	1	5%	0%
Medical – excluding forced treatment	Pregnancy, abortion, childbirth	Closed Granted	0	0%	0%
Medical – excluding forced treatment	Pregnancy, abortion, childbirth	Closed Other	14	64%	0%
Medical – excluding forced treatment	Pregnancy, abortion, childbirth	Rejected	6	27%	0%
		total	22		0%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
Medical – excluding forced treatment	Prescriptions, medication	Accepted	98	1%	0%
Medical – excluding forced treatment	Prescriptions, medication	Closed Denied	1,389	18%	2%
Medical – excluding forced treatment	Prescriptions, medication	Closed Granted	99	1%	0%
Medical – excluding forced treatment	Prescriptions, medication	Closed Other	4,022	52%	6%
Medical – excluding forced treatment	Prescriptions, medication	Rejected	2,068	27%	3%
		total	7,676		12%
Medical – excluding forced treatment	Sick call procedures	Accepted	12	2%	0%
Medical – excluding forced treatment	Sick call procedures	Closed Denied	72	12%	0%
Medical – excluding forced treatment	Sick call procedures	Closed Granted	2	0%	0%
Medical – excluding forced treatment	Sick call procedures	Closed Other	328	54%	0%
Medical – excluding forced treatment	Sick call procedures	Rejected	196	32%	0%
		total	610		1%
Medical – excluding forced treatment	Transgender concerns/issues	Accepted	11	2%	0%
Medical – excluding forced treatment	Transgender concerns/issues	Closed Denied	73	16%	0%
Medical – excluding forced	Transgender concerns/issues	Closed Granted	9	2%	0%

Primary subject	Secondary subject	Case status	Number of grievance cases	Percent of cases with this status within secondary subject	Percent of all cases with this status and secondary subject
treatment					
Medical – excluding forced treatment	Transgender concerns/ issues	Closed Other	223	47%	0%
Medical – excluding forced treatment	Transgender concerns/ issues	Rejected	154	33%	0%
		total	470		1%
Mental health care	Mental health treatment – delay or access to	Accepted	12	1%	0%
Mental health care	Mental health treatment – delay or access to	Closed Denied	216	19%	0%
Mental health care	Mental health treatment – delay or access to	Closed Granted	12	1%	0%
Mental health care	Mental health treatment – delay or access to	Closed Other	455	40%	1%
Mental health care	Mental health treatment – delay or access to	Rejected	435	38%	1%
		total	1,130		2%
Mental health care	Other mental health matters	Accepted	18	2%	0%
Mental health care	Other mental health matters	Closed Denied	198	19%	0%
Mental health care	Other mental health matters	Closed Granted	11	1%	0%
Mental health care	Other mental health matters	Closed Other	358	35%	1%
Mental health care	Other mental health matters	Rejected	445	43%	1%
		total	1,030		2%
Mental health care	Psychotropic or other mental health medications	Accepted	3	1%	0%
Mental health care	Psychotropic or other mental health medications	Closed Denied	119	25%	0%
Mental health care	Psychotropic or other mental health medications	Closed Granted	4	1%	0%
Mental health care	Psychotropic or other mental health medications	Closed Other	175	37%	0%
Mental health care	Psychotropic or other mental health medications	Rejected	178	37%	0%
		total	479		1%

Appendix C: Reasons given for rejecting federal medical grievances (2014–2024)

Reason for rejection	Number of times reason appeared	Percent of all reasons given
Request or appeal denied substantially in full.	18,295	24%
You did not attempt informal resolution prior to submission of administrative remedy, or you did not provide the necessary evidence of your attempt at informal resolution.	6,926	9%
You did not provide a copy of your institution administrative remedy request (BP-9), or a receipt, or you did not provide a verified photocopy.	5,795	8%
You must first file a BP-9 request through the institution for the warden's review and response before filing an appeal at this level.	4,457	6%
Withdrawn at inmate's request.	4,444	6%
You submitted your request or appeal to the wrong level or wrong office.	3,749	5%
Concur with rationale of regional office and/or institution for rejection. Follow directions provided on prior rejection notices.	2,599	3%
Your appeal is untimely. Regional appeals must be received within 20 days of the warden's or CCM's response. This time limit includes mail time.	2,479	3%
Your request is untimely. Institution and CCC requests must be received within 20 days of the event complained about.	2,359	3%
All four pages of your (BP-9) (BP-10) (BP-11) form must be legible and worded the same. Photocopies of the form will not be accepted.	2,305	3%
The issue you raise is not a sensitive issue. Your request/appeal is not being returned to you in accordance with policy.	2,131	3%
You may only submit up to one letter-size (8 1/2" x 11") continuation page.	2,026	3%
Provide staff verification stating reason untimely filing was not your fault.	1,999	3%
You must provide more specific information about your request/appeal so that it may be considered.	1,984	3%
You did not submit your request or appeal on the proper form (BP-9, BP-10, BP-11).	1,790	2%
You did not sign your request or appeal.	1,610	2%
You are appealing more than one incident report (incident number) on a single appeal form. You must file a separate appeal for each incident report (incident number) you wish to appeal.	1,369	2%
You did not submit the proper number of continuation pages. You must submit one copy at the warden's level; two copies at the regional director's level; and three copies at the central office level.	1,303	2%
You did not submit your request through your counselor, or other authorized person.	1,227	2%
You did not provide a copy of the regional appeal, or a receipt, or you did not provide a verified photocopy.	1,166	2%
Tequest or appeal denied as repetitive of previous filing.	931	1%
You did not submit a complete set (4 carbonized copies) of the request or appeal form.	902	1%
Request or appeal granted substantially in full.	859	1%

Reason for rejection	Number of times reason appeared	Percent of all reasons given
You did not submit the correct number of copies of the attachments (new documentation not considered by lower levels). 2 at institution; 3 at region; and 4 at central office.	612	1%
Your appeal is untimely. Central office appeals must be received within 30 days of the regional director’s response. This time limit includes mail time.	598	1%
Request or appeal partially granted.	537	1%
Your appeal of the rejection is untimely. Resubmissions are due within: 5 days (institution); 10 days (CCM or regional office); 15 days (central office). Submit staff memo on BOP letterhead stating reason untimely filing wasn’t your fault.	407	1%
Your issue is not appealable to the BOP. You must use the grievance procedures at your facility.	374	0%
Other	342	0%
Request or appeal is moot.	138	0%
You did not provide a copy of the attachment(s) to your institution administrative remedy request (BP-9).	115	0%
Your request contains gratuitous obscene or abusive language.	101	0%
Due to your allegations, your appeal is being forwarded to another department for review; however, your appeal was retained in accordance with policy.	79	0%
You may request staff assistance in preparing your request or appeal in english.	38	0%
Request or appeal previously granted.	14	0%
You did not provide a copy of the DHO report; or you did not otherwise identify the charges and date of the DHO action you are appealing.	14	0%
You did not provide a copy of the attachment(s) to your regional appeal.	6	0%
total	76,080	100%

Footnotes

- In the federal system, the timeframes for incarcerated peoples’ filings and appeals are as follows:
 - Initial filing: 20 days from incident response
 - Regional appeal: 20 days from warden’s response
 - Central office appeal: 20 days from regional response

There is one exception in the federal system, which is sexual abuse. According to policy, grievances pertaining to such conduct can be filed at any time after it occurs (though other time limits remain in place). ↩

- See the appendices for a full accounting of federal medical grievances ↩
- It’s important to note that these figures are specific to the moment the data was pulled by the Bureau of Prisons on behalf of the Data Liberation Project. Given the fluid nature of prison grievance systems, a specific complaint can have different statuses at different points in time. For example, a medical grievance could initially have a status of “rejected” due to a paperwork

issue, but later have a status of “approved” once the complainant updated and refiled their grievance. This is what we mean when we say the data provided is only a “snapshot” — our analysis reflects case statuses as they were captured at the moment the federal Bureau of Prisons exported their database. See the [methodology](#) for more information. ↩

- Unlike many other prison systems, the BOP does allow third party support in the preparation of grievances. ↩
- See Appendix C for a full accounting of reason codes for rejecting federal medical grievances. ↩
- In the federal system, the grievance system is operated by prison administrators at various levels. Grievance systems in state prisons, however, are operated in a variety of ways. In New York, for example, grievances are reviewed by a committee that includes incarcerated people and staff. Regardless, having people who work for the prison judge complaints against other people who work for the prison is a conflict of interest. ↩

Brian Nam-Sonenstein is a Senior Editor and Researcher at the Prison Policy Initiative. ([Other articles](#) | [Full bio](#) | [Contact](#))