

GRIEVANCE NO.
06-063-14

BRISTOL COUNTY SHERIFF'S OFFICE

SUBMIT ENTIRE
2-PART FORM
PRESS FIRMLY
(pencil or blue ink only)

INMATE GRIEVANCE FORM

ALL GRIEVANCES AND APPEALS MUST BE FILED BY DEPOSITING IN GRIEVANCE BOX

- (1) You may file a grievance on your own behalf concerning a legitimate complaint or problem regarding a specific incident, condition of confinement or application of a BCSO policy, rule or regulation. (See Inmate Grievance Policy for **GRIEVANCE ISSUES**).
- (2) All grievances must be submitted within ten (10) weekdays of the incident. Only properly submitted grievances that concern a Grievance Issue will be addressed. Grievances that are REJECTED based on procedural issues must be re-submitted in accordance with policy to be addressed.
- (3) Print legibly. Complete Section I, including Date of Incident, Inmate Name, ID#, Location/Housing Unit, Complaint Description, Remedy Requested, and sign and date the form prior to submitting. **SUBMIT ENTIRE 2-PART FORM. INCOMPLETE SUBMISSIONS SHALL NOT BE PROCESSED.**
- (4) Only one issue per grievance; no duplicate/repetitive grievances; no grievances may be filed on behalf of a "class" or group of inmates.
- (5) Non-grievable matters include Classification, including identification of an inmate as a sex offender; Disciplinary matters; and Medical or clinical decisions related to an inmate's physical or mental condition. (See Inmate Grievance Policy for **GRIEVANCE EXCLUSIONS**).
- (6) **APPEAL OF DENIED GRIEVANCES:** Only Denied Grievances may be appealed. Approved and Rejected Grievances may not be appealed.
- (7) **APPEAL PROCEDURE:** Appeal Denied Grievances to the Superintendent/Designee within five (5) days (excluding weekends and holidays) of the receipt of the Decision by completing Section V on your yellow copy and depositing it in a Grievance Box.
- (8) **THIS FORM IS NOT TO BE USED FOR ANY OTHER CORRESPONDENCE OR PURPOSE OTHER THAN TO FILE A FORMAL GRIEVANCE CONCERNING A LEGITIMATE PROBLEM OR COMPLAINT. MISUSED FORMS AND INCOMPLETE, IMPROPERLY FILED AND REPETITIVE GRIEVANCES SHALL NOT BE PROCESSED OR FORWARDED.**

DATE IGC/DESIGNEE RECEIVED: 6/20/14 STAFF SIGNATURE: [Signature] DATE: 6/30/14

SECTION I - INMATE USE INMATE NAME: Aaron Hernandez I.D. NUMBER: 174954

DATE OF INCIDENT: 6/23/14 FACILITY LOCATION (check one): DHOC ASH ST. D.W.C. HOUSING UNIT/CELL #: ED-61 ICE DETAINEE

COMPLAINT DESCRIPTION: On Mondays, I have been served only cream of wheat and a cake, without the egg. And on Thursdays I get the egg, without the potatoes. The eggs are the exact same on both days, without peppers and onions; so, I should be able to get them on my gen diet tray both meals. If no potatoes, I should be able to get another side but I receive potatoes many other meals, so if the receipt is not receiving them, I hope this issue is resolved. Thank you for your time and consideration.

REMEDY REQUESTED: I would like eggs on both days (M&T) and potatoes on Thursdays tray for breakfast.

INMATE SIGNATURE: [Signature] DATE: 6/24/14

SECTION II - INFORMAL RESOLUTION I hereby consent to the informal resolution of this grievance and acknowledge that the grievance has been resolved to my satisfaction. I further acknowledge that I may not appeal this grievance and sign this acknowledgement of Informal Resolution of my own free will and without any threat of force, duress or coercion.

SECTION III - WITHDRAWAL OF GRIEVANCE I hereby withdraw this Grievance and sign this withdrawal of my own free will and without any threat of force, duress or coercion.

SECTION IV - GRIEVANCE DECISION
 FORM REJECTED (Cannot Appeal) Reason(s): Improper Use of Form Duplicate/Repetitive Non-Grievable (Exclusion) Incomplete Form
Other: 13.02.056 (1/14) STAFF SIGNATURE: [Signature] DATE: 6/30/2014

IGC/IGS DECISION: APPROVED (Cannot Appeal) DENIED (May Appeal Using Section V)
SUMMARY OF FINDINGS: IT HAS BEEN DETERMINED THAT YOU RECEIVE A GEN DIET TRAY. GEN DIETS ARE A MEDICAL DIET WHICH CAN ONLY BE GRIEVED UTILIZING A MEDICAL GRIEVANCE FORM.

GRIEVANCE COORDINATOR/SUPERVISOR SIGNATURE: [Signature] DATE: 6/30/2014

SERVICE AND NOTICE OF RIGHT TO APPEAL: I served a copy of this Decision on the inmate and informed him of his right to appeal the Decision to the Superintendent/Designee within 5 days (excluding weekends/holidays) of the receipt of this Decision by completing Section V on the yellow copy and depositing it in a Grievance Box.

RECEIPT OF DENIED GRIEVANCE DECISION AND NOTICE OF RIGHT TO APPEAL: I acknowledge that I have been served with a copy of this Denied Grievance Decision and advised of my right to Appeal the Decision to the Superintendent/Designee within five (5) days (excluding weekends and holidays) of the receipt of this Decision and that I must complete Section V on my yellow copy and deposit it in a Grievance Box.

Inmate refused to sign for Receipt of this Decision but was given a copy and advised of his/her right to appeal as described above.

SECTION V - INMATE APPEAL OF GRIEVANCE DECISION DENIED GRIEVANCES ONLY: You may appeal Denied Grievances in writing to the Superintendent/Designee within five (5) days (excluding weekends and holidays) of the receipt of this Decision. Check the appropriate box below, sign, date, and submit your yellow copy by placing the form in the locked Grievance Box in the Housing Unit.

Select one: I do I do not appeal this Decision. (Further explanation may be submitted on the reverse side or on a separate, attached sheet.)

GRIEVANCE COORDINATOR USE ONLY: Appeal: Received Not Received. STAFF SIGNATURE: DATE:

SECTION VI - WITHDRAWAL OF APPEAL I hereby withdraw this Grievance Appeal and sign this withdrawal of my own free will and without any threat of force, duress or coercion.

SECTION VII - APPEAL DECISION Date Appeal Received: Signature: Date:

Form Rejected. Returned to inmate for the following reason(s):
SUPERINTENDENT'S DECISION: DECISION OF IGC/IGS IS AFFIRMED REVERSED MODIFIED
SUMMARY OF FINDINGS:
SUPERINTENDENT/DESIGNEE SIGNATURE: DATE:

DISTRIBUTION:
White - Grievance Coordinator Records
Yellow - Inmate

GRIEVANCE NUMBER	INMATE NAME	I.D. NUMBER	DATE RECEIVED	SUBJECT	DECISION	APPEAL RECEIVED
06-046-14			6/23/2014	COMMUNICATED	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/23/2014	<input type="checkbox"/> AP
06-047-14			6/23/2014	INMATE ASSAULT	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/23/2014	<input type="checkbox"/> AP
06-048-14			6/24/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-049-14			6/24/2014	SECURITY	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-090-14			6/24/2014	OTHER	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-051-14			6/24/2014	STAFF COMPLAINT	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-052-14			6/24/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-053-14			6/24/2014	STAFF COMPLAINT	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-054-14			6/24/2014	STAFF COMPLAINT	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-055-14			6/24/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-056-14			6/24/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-057-14			6/24/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/24/2014	<input type="checkbox"/> AP
06-058-14			6/25/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/25/2014	<input type="checkbox"/> AP
06-059-14			6/25/2014	FOOD SERVICES	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/25/2014	<input type="checkbox"/> AP
06-260-14			6/25/2014	FOOD SERVICES/DUPLICATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/25/2014	<input type="checkbox"/> AP
06-061-14			6/25/2014	OTHER	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/25/2014	<input type="checkbox"/> AP
06-062-14			6/25/2014	STAFF COMPLAINT	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/25/2014	<input type="checkbox"/> AP
06-063-14	AARON HEWANS DZ	174954	6/25/2014	MEDICAL	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> REJECTED 6/25/2014	<input type="checkbox"/> AP
06-004-14			6/30/2014	COMMUNICATED	<input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input type="checkbox"/> REJECTED 6/30/2014	<input type="checkbox"/> AP
					<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> OTHER <input type="checkbox"/> REJECTED	<input type="checkbox"/> AP