THIS A REQUEST FOR ADMINISTRATIVE REMEDY

INMATE NAME: ____________________________

DATE OF INCIDENT: _______________________

TIME OF INCIDENT: _______________________

PLACE OF INCIDENT: _______________________

STATEMENT:

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

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_________________________________________________________________________
MISSISSIPPI DEPARTMENT OF CORRECTIONS

NUMBER MSP - 04 - 163

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to the Legal Claims Adjudicator within 10 days of the date the request was initiated.

TO: ____________________________

Offender's Name and Number ____________________________

FROM: ____________________________

Person to whom 1st Step is Directed ____________________________

Your ARP was forwarded to me for a response.

You alleged in your ARP that you were subjected to cruel, unusual and inhuman treatment by being housed @ Unit 32. Your charges are unfounded.

________________________________________

Date

________________________________________

Signature

If you are not satisfied with this response, you may go to STEP 2 by filling out the second step section of Form ARP-1 and sending the pink copies of ARP-1 and ARP-2 to the Superintendent. It must be received in the Superintendent's office within 5 days of the date of this response.

INSTRUCTIONS TO RESPONDENT: Send original along with STEP 3 and STEP 2 copies to the Legal Claims Adjudicator. Keep Respondent's copy. NOTE: A copy of all documents referenced in the response must be attached and returned to the Legal Claims Adjudicator.

INSTRUCTIONS TO OFFENDER: This original is for you to keep.

OFFENDER'S ORIGINAL
MISSISSIPPI DEPARTMENT OF CORRECTIONS

SECOND STEP RESPONSE FORM
(SUPERINTENDENT)

Type or use ball point pen. You must respond to the offender within 25 days of receipt of the offender's request.

TO: ____________________________  32-C

Offender's Name and Number

Housing Unit

FROM: ____________

Superintendent

Institution

An investigation has been conducted into your complaint, which was received in our office on February 26, 2004, concerning the conditions at Unit 32-C. ACA standards for lighting, air quality, temperature, and noise levels are designed to preserve the health and well-being of inmates and staff members and to promote institutional order and security. New standards have been approved for lighting conditions at Unit 32 and other units. These new standards should be completed by September 1, 2004.

3-4-04

Date

Superintendent's Signature

If you are not satisfied with this response, you may go to STEP 3 by filling out the third step section of ARP-1 and sending the light yellow copies of ARP-1, ARP-2, AND ARP-3 to the Commissioner, Mississippi Department of Corrections. These forms must reach his office within 5 days of the date of this response.

INSTRUCTIONS TO SUPERINTENDENT: Send original and STEP 3 copy to the inmate. Keep Superintendent's Copy.

INSTRUCTIONS TO OFFENDER: This original is for you to keep.

OFFENDER'S ORIGINAL
You must respond to the OFFENDER within 40 days of receipt of the appeal of the STEP 2 Response.

TO: ___________________________ 32-C
Offender's Name and Number

Housing Unit

Your request for Administrative Remedy involves a complaint to the effect that housing conditions at Unit 32-C has placed your health and safety at risk.

The staff of the Administrative Remedy Program has received and investigated your grievance and the following determination has been made:

Improvements are constantly being made throughout the institution and should be complete during the upcoming months.

Therefore, based upon the facts outlined above, your request for further relief is hereby denied.

Date: 4/13/04
Signature: 

INSTRUCTIONS TO OFFENDER: This original is for you to keep.

IF YOU ARE NOT SATISFIED WITH THIS RESPONSE, YOU MAY WITHIN THIRTY (30) DAYS AFTER RECEIPT OF THIS DECISION, SEEK JUDICIAL REVIEW.

OFFENDERS ORIGINAL
TO: [Offender's Name and Number] [Housing Unit]
FROM: [Person to whom 1st Step is Directed] [3-1-03] [Title/Location]

I, [Offender], was counseled with [Offender] regarding his complaint dated 11-10-08 about a state cook and water heater. [Offender] stated he’s all right now, that was long ago. [Offender] said he has no problem now.

Date: 3/17/03
Signature: 

If you are not satisfied with this response, you may go to STEP 2 by filling out the second step section of Form ARP-1 and sending the pink copies of ARP-1 and ARP-2 to the Superintendent. It must be received in the Superintendent's office within 5 days of the date of this response.

INSTRUCTIONS TO RESPONDENT: Send original along with STEP 3 and STEP 2 copies to the Legal Claims Adjudicator. Keep Respondent's copy. NOTE: A copy of all documents referenced in the response must be attached and returned to the Legal Claims Adjudicator.

INSTRUCTIONS TO OFFENDER: This original is for you to keep.

OFFENDER'S ORIGINAL
CERTIFICATE

RE: ARP# MSP 04 163  CLASS: Housing Conditions

Inmate states that living conditions at Unit 32-C puts his health and safety at risk. Inmate has been informed that improvements are constantly being made throughout the institution and should be complete in the upcoming months.

This document is to certify that Inmate, , has fulfilled the requirements of the Administrative Remedy Program and is eligible to seek judicial review within 30 days of receipt of the Third Step Response.

A copy of the Third Step Response Form must be attached to this certificate in order to file in either State of Federal Court.

This, the 13 day of April, 2004.

Administrator
Administrative Remedy Program

Revised 01/06/04
DATE: September 9, 2003

TO:  
Unit 32

FROM: Legal Claims Adjudicator
      Administrative Remedy Program

RE: Your Request for Administrative Remedy

Your most recent Request for Administrative Remedy which concerns your need to speak with Warden Streeter about conditions at Unit 32 has been accepted, however, it is noted that you have a previously accepted ARP or ARP’s which is /are presently under review. Your most recent request for Administrative Remedy is being set aside for handling in due course. If you wish to have your request handled now through the Administrative Remedy Program, you may withdraw (in writing) all pending ARP’s.

File
DATE: March 31, 2004
TO: [Redacted]
FROM: LEGAL CLAIMS ADJUDICATOR
       ADMINISTRATIVE REMEDY PROGRAM
RE: [Redacted]

UPON REVIEW OF THE ABOVE REFERENCED ARP, IT WAS NOTED THAT YOU HAVE A PREVIOUSLY ACCEPTED ARP WHICH CONCERNS DENIED EDUCATION BY WGYCF STAFF.

THE ADMINISTRATIVE REMEDY PROGRAM DOES NOT ACCEPT GRIEVANCES THAT ARE REQUESTED TO BE FORWARD TO AN ATTORNEY.

YOUR REQUEST FOR ADMINISTRATIVE REMEDY WAS INADVERTENTLY ACCEPTED DUE TO ADMINISTRATIVE ERROR. THEREFORE, THE ATTACHED REQUEST / COMPLAINT WILL NOT BE PROCESSED.
Memo

Date: May 18, 2006
To: [Redacted]
From: ARP Coordinator
Subject: Request for ARP

The Administrative Remedy Program does not forward documents to Attorney's office. If you wish to re-submit your request, you may do so as long as it is submitted within 30 days of the alleged event.

cc: [Redacted]