**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:	>	32C
Offender's Name and Number		Housing Unit
FROM:	l. l.	Unicho Quan IV
Person to whom 1st Step is Directed	<u>v</u>	Title/Location
Your ARP was lawarded	to me l	a a response
You alleged in your ART	Putat up	J Were '
Subjected to onel inv	sual + inth	uman
treatment by being has	red/a) Un	132. Yar
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Date	Si,	gnature

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 Clains 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** 

#### MISSISSI PI DEPARTMENT OF CORRECTIONS

NUMBER <u>MSP</u> – <u>04</u> – <u>163</u>

#### 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.

	the states of the second se
TO:	
Offender's Name and Number	Housing Unit
	MSP
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	Abbr 2 <sup>900</sup>

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

FORM ARP-4

#### MISSISSIPPI DEPARTMENT OF CORRECTIONS

NUMBER MSP \_\_04 \_\_ 163

### THIRD STEP RESPONSE FORM (COMMISSIONER)

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

32-C

TO:	
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.

4/13/04				
Date		Signature	2	Sectored sectored and sectore

**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** 

### <u>CERTIFICATE</u>

RE: ARP# MSP 04 163 CLASS: Housing Conditions

Innote states that living conditions at Unit 32-C puts his health and safety at risk. Innote bas 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, MSP<sup>‡</sup> \_\_\_\_, 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 <u>day of</u> <u>day of</u> , 2004.

, Afiministrator Administrative Remedy Program

FORM ARP-1

NUMBER USP \_\_ 04 \_\_ 163.

# **OFFENDER'S RELIEF REQUEST FORM**

Type or use ball-point pen.

1980

TO:		32
		Location
FROM:		32-0
	t.	Housing Unit
Dat	e of Incident	
	comes to you from the Legal Claims Adju	
offender. Ple	ease return your response to this office with	in 10 days of this date.
REJECTED. Your request	has been rejected fo	
5-13.03		
Date	Legal Claim	Adjudicator
SECOND STEP (Pink Copies)		2
SECOND STEP (Pink Copies)		
On 12 Feb., 04	(date), I received a written response	to my First Step, request. I am not satis-
	(date), I received a written response ause the Federal Court has a	to my First Step request I am not satis- bready ruled that at lea
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