ADMINISTRATIVE REMEDY PROGRAM

THIS A REQUEST FOR ADMINISTRATIVE REMEDY

INMATE NAME	MDOC#	UNIT / CELL	DATE	
DATE OF INCIDENT:				
TIME OF INCIDENT:				
PLACE OF INCIDENT:				
STATEMENT:				
				······································

NUMBER MSP - 04 - 163

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your response to of the date the request was initiated.	
TO:	? 30c
Offender's Name and Number	Housing Unit
ct ^{eep}	11 months la soull
FROM: Person to whom 1st Step is Directed	Title/Location
Terson to whom 1st step is Directed	ritte/Lipeation
You ALP was lawarded 7	o me la a responsa
You alleged in your ARP4	that upu were
subjected to one, unusing	al + inhumon
treatment by being housed	(a) Unit 32. Yar
Thomas me intended.	
	4
	01/
0-3-01	
Date	Signature
	V Signature
	tion of francisco to the second secon

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

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

SECOND STEP RESPONSE FORM (SUPERINTENDENT)

request.	·	32.0
TO:	Offender's Name and Number	Housing Unit
FROM:	Superintendent	Institution
o A pr in at	An investigation has been conducted into your complaint, which February 26, 2004, concerning the conditions at Unit 32-C. ACA standards for lighting, air quality, temperature, and reserve the health and well-being of immates and staff astitutional order and security. New standards have been apply Unit 32 and other units. These new standards should be 004.	noise levels are designed to members and to promote roved for lighting conditions
	3-4-04	

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

THIRD STEP RESPONSE FORM (COMMISSIONER)

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 Numb	oer		Housi	ng Unit
Your request for Administrative conditions at Unit 32-C has placed you	e Remedy in r health and	volves a compla safety at risk.	aint to the ef	fect that housing
The staff of the Administrative grievance and the following determinat	Remedy Pro tion has been	gram has receiv made:	ed and inve	stigated your
Improvements are constantly be complete during the upcoming months.	ing made thi	roughout the ins	stitution and	should be
Therefore, based upon the facts denied.	outlined abo	ove, your reques	t for further	relief is hereby
4/13/04				
Date	economic de la companya de la compan		Signature	2

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

NUMBER MSP - 03 - 474

FIRST STEP RESPONSE FORM

Type or use ball point pen. You must return your respons of the date the request was initiated.	o to the Began Grams me, acreated within 10 days
ТО:	32 c
J Offender's Name and Number	Housing Unit
FROM: Person to whom 1st Step is Directed	3-1-03
Person to whom 1st Step is Directed	Title/Location
I, G. 1	unseled with offende
k Regarda	ing his complaint dated
11-10-00 about a state con	If and writes undersease du
the heating system not being a	sufficient. Offender Harpes
the heating system not being a	that was long ago. of
source at this time that of	
Offendy sail he has	no problem how.
	,
	_
3/1/03	
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 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

$\underline{CERTIFICATE}$

RE: ARP# 15004 /63 CLASS: Housing Condit
Invote 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
This document is to certify that Inmate,
MSP#, 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 day of April , 2004.
, Administrator
Administrative Remedy Program



STATE OF MISSISSIPPI DEPARTMENT OF CORRECTIONS CHRISTOPHER EPPS COMMISSIONER

EMMITT SPARKMAN Deputy Commissioner Institutions (601) 359-5607 · 5323 (FAX)

DATE:

September 9, 2003

TO:

I

Unit 32C

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

Christopher E. Epps Commissioner B. L. Sparkman Deputy Commissioner

DATE:

March 31,2002

TO:

FROM:

LEGAL CLAIMS ADJUDICATOR ADMINISTRATIVE REMEDY PROGRAM

RE:

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 GREIVENCES THAT ARE REQUESTED TO BE FORWARD TO AN ATTORNY.

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



Comes Companies, inc. Paople Changing People

Memo

Date:	May 18, 2006	
To:		· · · · · · · · · · · · · · · · · · ·
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: inmate file