MISSISSIPPI DEPARTMENT OF CORRECTIONS

NUMBER <u>MSP</u> - <u>03</u> - <u>474</u>

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:	32 C
J Offender's Name and Number	Housing Unit
FROM:	<u>3-1-23</u> Title/Location
	ourseled with offerde,
k Regard	ig his complaint dated
11-10-00 about a state Co	and writes undersear due
the heating system not living. Stated he is all right now,	
stated he is all night now,	that was long ago. I
wolice at this time that	offender had a coal,
_	s no prolilem how.
	<u></u>
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