



STEP 1

OFFENDER GRIEVANCE FORM

PASO 1

Forma Para Quejas de los Preso

OFFICE USE ONLY

Para Uso De La Oficina Solamente

Grievance #: 200113072

Date Received: MAR 19 2001

Date Due: APR 28 2001

Grievance Code: 001

Investigator Number: 1021

T. CARROLL INV II

EM UOF ME

ADA REL SR

Offender Name: -

in TDCJ#

Unit: JAMES All Red

Housing Assignment: 8-17-40
8-1-227

Unit where incident occurred: JAMES All Red 8 Bldg.

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.

Who did you talk to (name, title)? Warden and U.C.C. When? 3-16-01

What was their response? Failure To move me To A Safe location.

What action was taken? None

State your grievance in the space provided. Please state who, what, when, where and disciplinary case number if appropriate

I ~~am~~ ^{am} ~~selecting~~ ^{selecting} to state that I am a Homosexual who and is still being assaulted sexually, physically, mentally and have brought this issue up to unit administration a number of times and have failed to be moved to a safe location that houses other homosexuals. I am being refused safety from ~~harm~~ and was also told to fight these individuals by the unit warden. If I do this it is a major discipline case and will cause me to be on medium custody and possibly lose my parole date. I do not think him instructing me to use violence in any way is what should recommend for me to do because it is only going to hurt me and am in danger and I need help from Internal Affairs get me off this building or this unit before I am assaulted again. I need help now because I am afraid of being killed or injured real bad. I have used all the proper channels to resolve this problem but they simply refuse to listen. Please tell the warden or U.C.C. to move me off this building. I am hurt they have failed to provide me safety and have hurt my family and have asked for them to come into this man. I want all of this to be documented so the moment I am touched I can properly ~~blame~~ ^{blame} this unit for failure to address safety needs. I am constantly being harassed and I am in serious danger for my life. Please send someone to help me. I do request you please contact Internal Affairs or anyone. All of my property that was stolen was never returned.

Action Requested to Resolve your Complaint.

To Please move me away from this unit in this building over to safe keeping where we have safety from this.

Offender Signature: _____

Date: 3-18-01

Administration's Decision

- Mandatory referral to IAD (Grievance worksheet attached)
- No action warranted (Explain).

You were reviewed by UCC on 3/16/01 and denied transfer, safe keeping, and protective custody due to insufficient evidence. You have not provided any new information.

RJ 261

APR 09 2001

Signature Authority: _____

Date: _____

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the Step 1 response. State your reason for appeal on the Step 2 form.

Returned because:

- 1. Grievable time period has expired.
- 2. Submission in excess of 1 every 7 days*
- 3. Original not submitted*
- 4. Inappropriate/excessive attachments*
- 5. No documented attempt at informal resolution.*
- 6. No requested relief is stated.*
- 7. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.
- 8. The issue presented is not grievable.
- 9. No remedy exists.
- 10. Illegible/Incomprehensible*
- 11. Inappropriate (request is for employee disciplinary action or consequential or punitive damages).

*You may resubmit this issue once corrections are made.

GRIEVANCE INVESTIGATION WORKSHEET

Restricted & Confidential

STEP 1
STEP 2

GRIEVANCE OFFICE USE ONLY

Class

Unit: JA UGI/CGI: 10212 Date Initiated: 3/19/01 Date Completed: 4/4/01
Offender Name: _____ DCJ #: _____ Housing: 8L 22T
Grievance #: 20011-30721 Code: 001 Date Due: 4/28/01

EMERGENCY () YES (X) NO	USE OF FORCE () MAJOR () MINOR () UR # _____	DISCIPLINARY ISSUE () MA () MI # _____	PROPERTY () RELIGION () MEDICAL ()	ADA () SSI ()
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Summary of Issue: (Include date, time, location.) NOTE: For claims of Excessive/Unreported UOF, or Harassment/Retaliation for use of the Grievance Procedure or Access to Court rights, other legal activities, the investigation must be conducted by Internal Affairs. Complete the Fact Sheet for I.A.D. Investigations

* being assaulted

Requested Remedy: _____

The following is to be completed by the investigating official. The investigating official must sign the bottom.
(Attach Statements/Supporting Documentation if applicable.)

Summary of Fact Finding Activity: see attached pg-01 Back

Suggested Response to Offender: You were reviewed by UCC on 3/16/01 and denied transfer, safe keeping, and protection. Custody due to insufficient evidence. You have not provided any new information.

RJ 262

OUTCOME CODE D (Grievance Office Use Only)

Completed By _____ Signature _____ Date 4/4/01
Printed Name _____ Title _____

Note: This grievance is being processed in an effort to resolve a problem through the established procedure identified in BPO 03 22 and AID 0302. It is prohibited to subject the grieving offender, other offenders, or staff to any form of reprisal for the use of these procedures. The Internal Affairs Division will investigate all complaints. (OG-01 Front) Rev 11/99

Investigation into the allegations specified. Address each allegation or claim completely. Do not provide... Make sure your answers are factual, professional, and complete. Do not include opinions or unrelated comments. Remember, the Director, Internal Affairs, and Federal Court Officials may review your response. All grievances are confidential and may not be discussed between you and the offender or with any other person. You are expected to return this investigation within ten (10) working days of receipt. You must sign and date this statement when completed and return it to the Unit Grievance Office. If you were provided a photocopy of the grievance, it must also be returned to the Unit Grievance Office. The grievance may not be duplicated or shared with the accused staff member.

Please Provide the Following Documents

- Participant(s) Statement
- Witness(es) Statement (signed)
- Activity Logs (Recreation, Shower, Feeding) Other
- Shift Roster Life in Danger Investigation
- Ingress/Egress Log Inventory Sheets
- Confiscation Sheet Property Logs

ALLEGATIONS:

See Attached T-127

SUMMARY OF OFFENDER INTERVIEW:

EMPLOYEE STATEMENT:

This report was received for these allegations on 3-16-01 and was assigned Downer, supervision and protection. First day... All to insignificant evidence to... support... allegation... This... will be... again... he... new... time... want... involved

3-21-01
 DATE
 RANK/TITLE
 SHIFT/DEPARTMENT

PRINTED NAME

SUPERVISORS COMMENTS:

SUPERVISOR SIGNATURE

DATE

PRINTED NAME

RANK/TITLE

SHIFT/DEPARTMENT



STEP 2

PASO 2

OFFENDER GRIEVANCE FORM

Forma Para Quejas de los Preso

OFFICE USE ONLY

Para Uso De La Oficiaria Solamente

Grievance #: 200113072

UGI Rec'd Date: 04-18-01

HQ Rec'd Date: APR 25 2001

Date Due: 5-23

Grievance Code: 001

Investigator Number: TR261

EM UOF MLL

ADA REL SSI

Offender Name:

Unit: James V. Allred Housing Assignment: 7-14-46 TOP

Unit where incident occurred: Allred Unit, Iowa Park TX

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...

I Am Filing this STEP II Grievance on Warden because I am dissatisfied with the Unit level response. I have sent (4) Four I 60 TO MS on dates of 2-4-01, 2-14, 01, 3-15-01, and also on 4-16-01 concerning the problem stated in the STEP I Grievance. I also write and told my family, about my problem here on this Unit 1 Building Administration has refused to give my family any useful answer. I have highlighted for this Unit my problems. I have a right to be protected against sexual assault from other inmates. This Unit has a protected custom however they have refused to put me on (PC) OR ship me, I am a homosexual I cannot protect myself from other inmates I am not getting adequate protection on this Unit. Under the United States Constitution (8) English Amendment prisoners are entitled to protect from assaults of other prisoners. If I am hurt by [redacted] # [redacted] the only thing I can see it's a decision by the Allred unit Administration of Negligence & Recklessness & is sufficient to trigger another United States Constitution Protection of the Due Process Claim. The Name & Number of the inmate who is given me problem on this Unit [redacted] # [redacted] This is sufficient evidence. APR 25 2001

RJ 258

Offender Signature: _____

Date: _____

4-17-01

Appellate Decision and Reason:

- The Step 1 answer has addressed your complaint. No action will be taken.
- You have not provided a good reason for your appeal or for this office to review your claims further. No action will be taken.
- The issue you raise has been resolved or is pending resolution and no further action is warranted.
- The issues you present have already been reviewed. No further appeals of the same issues will be addressed. No action will be taken by this office.

Appropriate investigation was conducted at the unit level. No evidence was found to support your claims that your life is in danger. If you still feel that your life is being threatened, you should immediately notify security staff and provide the substantiating evidence.

Signature Authority: _____

Date: _____

MAY 04 2001

Returned Because:

- 1. Grievable time period has expired.
- 2. Illegible/Incomprehensible*
- 3. Originals not submitted*
- 4. Inappropriate/Excessive attachments*
- 5. Malicious use of vulgar, indecent, or physically threatening language directed at an individual.
- 6. Inappropriate (request is for employee disciplinary action or consequential or punitive damages).

*You may resubmit this issue once corrections are made.

Grievance Staff: _____

GRIEVANCE OFFICE USE ONLY

Unit JA UGI/CGI: T0258

Date Initiated: 5-3-01 Date Completed: _____

Offender Name: _____

Housing: _____

Grievance #: 2001130721

Code: 001

Date Due: 5-23-01

EMERGENCY () YES () NO	USE OF FORCE () MAJOR () MINOR () UR #	DISCIPLINARY ISSUE () MA () MI #	PROPERTY () RELIGION () MEDICAL ()	ADA () SSI ()
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Summary of Issue: (Include date, time, location.) NOTE: For claims of Excessive/Unreported UOF, or Harassment/Retaliation for use of the Grievance Procedure or other rights, other legal occasions, the investigation must be conducted by Internal Affairs. Complete the Fact Sheet for L.A.D. Investigations.

Said he is a homosexual and is being sexually assaulted by other offenders (redacted).

Requested Remedy: Transfer to safekeeping or another unit.

The following is to be completed by the investigating official. The investigating official must sign the bottom. Attach Statements/Supporting Documentation if applicable.)

Summary of Fact Finding Activity:

Step 1 investigated
screen - attached - shows 34 hearing
Statement of UCO attached.

Suggested Response to Offender:

Appropriate investigation was conducted at the unit level. No evidence was found to support your claims that your life is in danger. If you still feel that your life is being threatened, you should immediately notify security staff and provide the substantiating evidence.

RJ 265

OUTCOME CODE D (Grievance Office Use Only)

Completed By

Signature

Date 5-3-01

Printed Name

Title Reg. Grievance Coordinator

(Note: This grievance is being processed in an effort to resolve the grievance of the subject, the grieving offender, other offenders, or staff to OG-01 (Front) Rev. 11/99)

as identified in BP-03.77 and AD-03.82. It is expressly prohibited. The Internal Affairs Division will investigate all such cases.