

# SOLANO COUNTY SHERIFF-CORONER'S OFFICE

Custody Division

#15600676

## INMATE GRIEVANCE FORM

Facility:  
(circle one)

Claybank Facility

Fairfield Facility

If, while in the Solano County Jail, you have a complaint regarding custody-treatment, medical treatment or another related custody problem, you may complete this form and give it to your module officer. A grievance should be submitted within three (3) days of the incident. It will be returned to you with an answer within seven (7) days.

Every attempt will be made to resolve your grievance at the lowest possible level; however, it may be necessary to bring your grievance to a higher level for resolution.

Grievances may be filed on all matters except the following:

1. Decisions handed down by the court.

Briefly state your grievance:

Date: 5-14-15

Time: 12:37 HRS

Are you currently a California state prison inmate? ☐ yes ☒ no

I, OTIS LEE ROGERS have the following grievance. ELDER-ABUSE  
(Inmate's name. Please print)

ELDER-ABUSE: TOXIC-STRESS, MISTREATMENT AND ABUSE OF A PRISONER  
UNNECESSARILY FOR THE LAST TWO WEEKS IN A ROW. I HAVE BEEN DISCRIMINATED AGAINST,  
BEING DENIED AN INDIGENT PACKET OF HYGIENE AND ENVELOPES TO WRITE THE COURTS  
AND OTHERS REGARDING THE RACIST INJUSTICE OF MY WRONGFUL ENSLAVEMENT. EVERY  
EMPLOYEE W HERE IS MAKING MONEY AT MY EXPENSE, YET I AM BEING DENIED PITANCE, AN INDIGENT  
PACKET. REALLY! YOU ARE SAPPING MY BARE REMAINING LIFE'S-ENERGIES IN CRUELTY

Submitted to: O. Curren  
(Signature)

Date: 05-14-15 Time: 1237 HRS

### Resolution

Level 1 - Watch Supervisor:

Date: \_\_\_\_\_ Time: \_\_\_\_\_

In response to grievance #15000676, we apologize  
for the missing welfare. You will receive an  
extra kit tonight 5/27.

Level 2 - Facility Commander:

Date: \_\_\_\_\_ Time: \_\_\_\_\_