051	4-849	DEPARTMENT OF CORF	Mail Number: Team Number: Institution: Zinion .		
TO: (Check One)	Warden Asst. Warden	Classification Security	Medical Mental Health	Dental Other	
FROM:	nald w. clo	DC Number 8/2974	Quarters P-6118	Job Assignment	Date 5-3-14
			Check here if t	his is an informal	grievance 🗗
		t work, and			
		e FDOC is eq			
		and Family, Fo			
	· · · · · · · · · · · · · · · · · · ·	paper, envelo			
		at I need, a			
		her need to		,	Annual Contract of the Parks
or the	Eanteen n	ceds to be sh	ut down	complet.	ely to
bring o	quality to	as all. In c	alling F	or change	in
your tir	sts will be handled in one grievances will be respond	eFully your he of the following ways: 1) Writted to in writing.	n Information or	2) Personal Interview	lask j
		DO NOT WRITE BELOW T	HIS LINE -		
RESPONSE	Criot. Tacko	wch.	DATE REC	EIVED: 5-5-/	1
Inmate (lark you a	re griefing 1550	es estard	le the 500	pe
84 1hz 11	5	16 33-210. 101 4	(Role ma	king authority	
7.7.5776)				71
ZII Pust	h this one	to the next	+ level	this is	a ,
grievable	in the For	nal grievance	001(3)	a-d ewhic	h XII
victir (SS	methe ren	grevance	,	_	
	s to informal grievances only:				
	ormation, your grievance is ubmit a formal grievance in a	Coordance with Chapter 33-103.006,		oved). If your informal	Sevance is denied,
		1 / /		7-14	
Official (Signature)		To hast	Date: 5-		

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.

You may obtain further administrative review of your complaint by obtaining form DC1-303, Request for Administrative Remedy or Appeal, completing the form as required by Rule 33-103.006, F.A.C., attaching a copy of your informal grievance and response, and forwarding your complaint to the warden or assistant warden no later than 15 days after the grievance is responded to. If the 15th day falls on a weekend or holiday, the due date shall be the next regular work day.

Mail Number:

CC14-118			Team Number:					
05-14-048			Institution:					
TO: Warden (Check One) Asst. Warden	Classification Security	☐ Medical ☐ Mental Health	Dental Other	40 <u></u>				
FROM: Inmate Name Ronald W. Cla	rk ir 8120		Job Assignment	Date 5-4-14				
	~	Check here is	f this is an informal	grievance				
we have a Right	to recre	ation un	der the	united				
states Constitution								
we also have a								
33-FAC to the lai								
pastorial visits. 7	1 4 3 4			76				
one right, over a				3				
teed to 215, 21 der								
constitution nee								
For medical, lawlin				isits				
will violater th	e Constitu	tion . This	grievance					
will Violative the Constitution. This grievance needs to be approved Thank you. Smald W. Clarkf 812974 All requests will be handled in one of the following ways: 1) Written Information or 2) Personar Interview. All informal grievances will be responded to in writing.								
DO NOT WRITE BELOW THIS LINE								
DECRONCE								
RESPONSE Capt. Jack	laush.	DATE REC	CEIVED: 5-5	14				
Inmate Clark yard	nake-up will	not be made	- up for in	stitutional				
emergenciges		=						
		<u></u>						
this grievance.	hey approv	'ed						
this grievance.								
[The following pertains to informal grievances on	ly:							
Based on the above information, your grievance i	Approved	. (Returned, Denied, or App	oroved) If your informal g	rievance is denied,				
you have the right to submit a formal grievance h	accordance with Chapter 33-	103.006, F.A.C.]						
Official (Signature):	Jalin-	Date:	5-7-14					

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.

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DC6-236 (Effective)



APR 25 2014

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PART B - RESPONSE

CLARK, RONALD

INMATE

812974

NUMBER

14-6-12632

GRIEVANCE LOG NUMBER

UNION C.I.

CURRENT INMATE LOCATION

P6118S HOUSING LOCATION

Your administrative appeal has been reviewed and evaluated. The response that you received at the institutional (informal) level has been reviewed and is found to appropriately address the concerns that you raised at the institutional level as well as the Central Office level.

Your administrative appeal is denied.

M. Solano

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

DATE

COPY DISTRIBUTION -INSTITUTION / FACILITY

(2 Copies) Inmate

(1 Copy) Inmate's File

(1 Copy) Retained by Official Responding

COPY DISTRIBUTION - CENTRAL OFFICE

(1 Copy) Inmate

(1 Copy) Inmate's File - Inst./Facility

(1 Copy) C.O. Inmate File

(1 Copy) Retained by Official Responding

This is just your typical rubber stamp. They didn't investigate this, or even look at it. Cause the grievance system here in Florida is garbage."

And anyone can see that, and that's why I'm posting these. Now I need my Friend's to send a copy of this to the CDC and OSHA

Bonald W. Clarket may 11, 2014 Sunday

aur 6 RECEIVED

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL APR 1 6 2014

		EPARTMENT OF CORRECTIONS
TO: Warden Assistant Warden		Department of CENACTIONS
From: Clark Ronald W. Ir	812974	Zinion Corr. Institution
Last First Middle Initial	Number	Institution
Part A -	Inmate Grievance	14-6-12632
- Inca	minate orievance	
Center For Disease Contro		
as will QSHA see attached,	Informal Logi	#3-14-245 and Formal
Log# 1403-213-300, We have		
violation that the Admin		
put in the hands of inm		
mentally ill. This is not a		
the life and safety and he		
There's 3 easy step's laid	out in the	Informal 3-14-245
to see that we are pro		
nce of blood that get o		
Contain Hir or the Hepo		
serious issue that QSHA		
secretary will correct ?		
with this health and	safety viol	ation. Thank you
For your time and hope	Fully your	help.
		/
		\

PART B - RESPONSE

CLARK, RONALD

812974

1403-213-300

UNION C.I.

P4111S

INMATE

GRIEVANCE LOG NUMBER

CURRENT INMATE LOCATION

HOUSING LOCATION

Your request for administrative remedy has been reviewed and evaluated. The response that you received in attached informal grievance is found to appropriately address the concerns you raised.

Based on the foregoing, your request for administrative remedy is denied.

You may obtain further administrative review of your complaint by obtaining form DC 1-303, Request for Administrative Remedy or Appeal, completing the form, providing attachments as required, and forwarding your complaint to the Bureau of Inmate Grievance Appeals.

T. Key

S.B. Rossiter, Assistant Warden

SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYEE RESPONDING

SIGNATURE OF WARDEN, ASST. WARDEN, OR SECRETARY'S REPRESENTATIVE

COPY DISTRIBUTION -INSTITUTION / FACILITY

(2 Copies) Inmate

(1 Copy) Inmate's File

(1 Copy) Retained by Official Responding

COPY DISTRIBUTION - CENTRAL OFFICEPR 01 2014

(1 Copy) Inmate

(1 Copy) Inmate's File - Inst./Facility UCI GRIEVANCE OFFICE

(1 Copy) C.O. Inmate File

(1 Copy) Retained by Official Responding

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO: Warden		Assistant Warden	☐ Secretary, Florid	a Department of Corrections
From: Clark	, Table 1	이 얼마나 그렇게 하면 하다 하고 있다면 하는데 얼마나 없었다.	812974	union.
		Middle Initial	Number	Institution
		Part	A - Inmate Grievance	
see attack	ned Z	n Formal Gr	revance 3-14-	245 Blood is getting
				lity of spreading Hiv
				the inmate is irres
ponsible, a	nd it	s dangerou	ss to the he	eatth and safety
				y miss these micko-
scopic pre	sence	of blood,	that Contai	in the Hiv and Hep c
			4	sue, and the steps
				e, OF inspecting, repor
		/		pe put in place to
protect 1	nmate	s From th	ese apsease.	Thank you For your
time and	hope	Fully your	- help.	
	,			
		2		
_				·

Mail Number:

STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

· AA	3-14-21	15				=		eam Number: _ nstitution:	
TO: (Check Or	War Asst	den . Warden	Class Secur	ification ity	=	edical ental Health		Dental Other	
FROM:	Inmate Name	C2		DC Numb	per	Quarters	Jo	b Assignment	Date
	Ronald W	Clark	jr	81297	14	P-411			3-21-14
					Ch	eck here if t	his is	an informal g	grievance 📂
The is	sue, For a	hich In	griev	ling, is	s the	prect	ine	and zet	Filization
CF leg.	trons/she	Kles. Zu	nich a	re Ca	using	injurio	ورد	deep cu	Es, sores
and so	aring zer	thome	edical	exami	natio	on, or 1	nju	rylincie	dent
repor	ts are bei	19 Conc	lucted	I, CO	skrem	Hy har	ie	scire's an	d, scaring
	esult of 2								
15-to C	ontinue, 7	the Follo	owing	steps	shoul	d be to	Ken	, to insu	re the
wellbe	ing and, so	Fety OF	both	mact	escin	d StoFF	Fr	msuch	infections
disease	s as Mepc	and H	IV A.)	STOFF	rembe	Es will	EX4.	wine inm	citesankle
Foranu	injuries, as	a result	ofthe	245E 01	160	restrain	tsi	(For broke	in_skin, blo
	B) IF injur								
ments	nciclent reports and requests will be had be been all grievances will be be be be be been all grievances will be be be be been all grievances will be be be be be been all grievances will be be be be be been all grievances will be be be be be been all grievances will be be be be be been all grievances will be be be be be been all grievances will be be be been all grievances will be be be be been all grievances will be be be been all grievances will be be be be been all grievances will be be be been all grievances will be be be been all grievances will be be be be be been all grievances will be be be be be been all grievances will be	alled in one of	the followin	tecl. g ways: 1)				ersonal Interview	
		r	OO NOT WI	RITE BEL	OW THE	S LINE -		-	
RESPO	SE Copt.	Jaco	Konski			DATE REC	EIVE	D: 3/21/	ly
Inmen	E Clark,	109	rons	are .	mude	, to F.	+	all anki	les.
54 FF	are tran	ned in	the	prepar	ap	plication	0	f legin	ths.
It is	4001 r	espensib	bility +	to int	com	the o	Hi	ur pres	ent if
100 1	ons.	ured	yourse	IF d	ve to	incor	reci	fly well	king in
	1								
			01-91-75-0						
								THE	
	pertains to informal gr		73:541	1/= K	m. /				
	ove information, your tht to submit a formal ;		Trdance with C				oved).	If your informal gr	ievance is denied,
asserved translat		/	/		Zivovi Firti			1011.1	
Official (Sign	ature):		fach	200		Date:	3/	26/14	
riginal: Inma	te (plus one copy)	1	J						

CC: Retained by official responding or if the response is to an informal grievance then forward to be placed in inmate's file.

This form is also used to file informal grievances in accordance with Rule 33-103.005, Florida Administrative Code.

Informal Grievances and Inmate Requests will be responded to within 10 days, following receipt by the appropriate person.

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Continuation.

the leg irons/shakles shall be sent through a sterilization process to remove any microscopic presence of blood that may contain this or Hepititus a blood, (For which can live outside the human body for up to 24 hours)

This is a serious issue, dealing with the health and safety of both staff and inmates, and a CCD issue, dealing with infectious diseases. For these reason's this grievance need's to be approved, and step's need to be taken, For safety and health of both inmate's and staff. Thank you for your time, and hopefully your help.

AND THE RESIDENCE AND THE PROPERTY OF THE PROP

Tomald W. Clarkej

3-21-14