

STATE OF FLORIDA  
DEPARTMENT OF CORRECTIONS

Mail Number: \_\_\_\_\_  
Team Number: \_\_\_\_\_  
Institution: \_\_\_\_\_

05'14'650

TO: (Check One)  Warden  Asst. Warden  Classification  Security  Medical  Mental Health  Dental  Other

FROM:	Inmate Name	DC Number	Quarters	Job Assignment	Date
	Ronald W. Clark jr	812974	P-6118	—	5-3-14

Check here if this is an informal grievance

I'm grieving the fact that the kitchen is not complying with 33-204.003(1) which states "Inmates shall receive three meals per day, of which at least two shall be hot meals." on the R.D.P. we're being served three cold meals a day, which is in violation of Chapter 33, Florida Administrative Codes. I hope you will correct this. Thank you for your time and help.  
 Ronald W. Clark jr

All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. All informal grievances will be responded to in writing.

DO NOT WRITE BELOW THIS LINE

received  
5-12-14

RESPONSE

DATE RECEIVED: 5-5-14

Food Service

The Master BOP Menu is being served as written.

yes in NON-compliance of the Rules. They won't even follow their own rules that are there to govern them. Everything about the Fla. Dept of Corrections is just that CORRUPT!

[The following pertains to informal grievances only:

Based on the above information, your grievance is \_\_\_\_\_ (Returned, Denied, or Approved). If your informal grievance is denied, you have the right to submit a formal grievance in accordance with Chapter 33-103.006, F.A.C.]

Official (Signature): J Johnson

Date: 5-12-14

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.

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.

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

TO:  Warden       Assistant Warden       Secretary, Florida Department of Corrections  
From: Clark Ronald W.      812974      Union  
Last      First      Middle Initial      Number      Institution

Part A - Inmate Grievance

see Informal # 05-14-050 Fact remains the FDOC and this kitchen is in violation of 33-204.003(1) for I'm not receiving two hot meals a day as required. This master RDP menu cannot be in violation of the rules and regulations that govern the Dept of Corrections, which is what this informal is stating I'm entitled to two hot meals a day, I'm calling for compliance of 33-204.003(1) Thank you.

PART B - RESPONSE

CLARK, RONALD INMATE	812974 NUMBER	1405-213-146 GRIEVANCE LOG NUMBER	UNION C.I. CURRENT INMATE LOCATION	P6118S HOUSING LOCATION
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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. You are currently at an institution that offers the RDP/CFO. The cold menu presently in effect for the RDP/CFO has been certified as nutritionally adequate by the Department's licensed dietician/nutritionist who serves in the capacity of Public Health Nutrition Program Manager. The menu also meets all kosher food standards. *yet violates 33-204.003 (1) governing rules!*  
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]*  
SIGNATURE AND TYPED OR PRINTED NAME  
OF EMPLOYEE RESPONDING

*[Signature]*  
SIGNATURE OF WARDEN, ASST. WARDEN, OR  
SECRETARY'S REPRESENTATIVE

5-19-14  
DATE

**MAILED**  
MAY 20 2014  
UCI GRIEVANCE OFFICE

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

*Filed Appeal to Tallahassee on May 22,  
But it'll be denied, rubber stamp  
response, because the grievance  
system is garbage!*