STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

REQUEST FOR ADMINISTRATIVE REMEDY OR APPEAL

O: W W	Varden		Assistant Warden	☐ Secretary, Florida	a Department of Corrections
			ald w		union
	Last	First	Middle Initial	Number	Institution
			Part	t A - Inmate Grievance	
		7.0			
see a	Hach	ed In	Formal # 0	5-14-049 The	s is a grievable
ssue,	see	33-	103.001(3)	(a)+(b) so this	is grievance is not
out, si	dez	the	scope of	a grievable ?	ssue, we need th
to ch	ange	, to	bring eg	uality to in	nates, who needs
way	to	earn	money, F	For Canteen	items, that the
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rad 7	place	s set	top For	us, to sell a	art work, out Fron
rere.	Anc	We.	need tha	t systems	et back up like
					my Family and
					and support in
need	s. Fo	ort	he above	reason's we	need this chang
Than	K ZK	ou Fo	or your t	ine and ho	petully your help
	6			/	
	200	20-20-			
-					(9)

PART B - RESPONSE

CLARK, RONALD	812974	1405-213-093	UNION C.I.	P6118S
INMATE	NUMBER	GRIEVANCE LOG NUMBER	CURRENT INMATE LOCA	TION HOUSING LOCATION
Your request for administrates to sell their arty	strative remedy h	nas been received, review t projects through any sta	ved and evaluated. There ate sponsored process.	e is no provision in policy for
Based on the foregoing	information, you	r grievance is denied.		
You may obtain further	administrative re	view of your complaint by	obtaining form DC 1-30	3 Request for Administrative
Remedy or Appeal, com	pleting the form,	providing attachments a	is required, and forwarding	ng your complaint to the Bureau
of Inmate Grievance Ap	peals.		Lacare	thisisa
They re	sponded	incomplian	ce, because	100 45
grieval	le issu	e,	Chambrea	June 17/2014
T. Key	S.E	3. Rossiter, Assistant Wa	irden 🧷	
- AL				
Oly		1 Skarto	OLLY DEN, ASST. WARDEN, OR	
SIGNATURE AND TYPED OF OF EMPLOYEE RESPONDIN	R PRINTED NAME IG	SECRETARY'S REPRE		BRATI
				MAILED
			CORY DISTRIBUTION - CENT	RAL OFFICEMAY 14 2014
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	mate's File		1 Copy) Inmate's File - Inst./Facili	UCI GRIEVANCE OFFICE
	tetained by Official Res	ponding	(1 Copy) C.O. Inmate File	

(1 Copy) Retained by Official Responding

(1 Copy) Retained by Official Responding

DEPARTMENT OF CORRECTIONS

Mail Number:

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051	4-049			Institution: 2	mion.
TO: (Check One)	Warden Asst. Warden	Classification Security	Medical Mental Health	Dental Other	
FROM: Inmate	e Name	DC Number	Quarters	Job Assignment	Date
ROM: Ro	nald w. cla	rk ir 8/297		~	5-3-14
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			Check here if this	s is an informal	grievance 🖳
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dollars	a year of	OF. Z shou	La noth	ave to 7	write
		and Family, Fo			
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and othe	r items the	at z need, a	ind that	the FD	oc does
not sut	ply, we eit	her need to	be able t	o earn	money.
or the	Eanteen no	eeds to be si	hut down	Complete	elu to
		as all. In			
those T	Procedures	and restric	tions 7	hank ala	For
Mour tir	sts will be handled in one of	of the following ways: 1) Wri	tton Information or 2	Personal Interview	V. All
		DO NOT WRITE BELOW	THIS LINE -		
RESPONSE	Crist Tacks	rc griefing 1550	DATE RECEIV	VED: 5-5-1	4
Inmate (Clark you a	re griefing 1550	es entside	the sco	ne.
of the	nstitution FA	14 33-210, 101 49	(Rule make	ve authorit	
944.09 F.S.	1			,	
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			_		
	ns to informal grievances only:		R		
	formation, your grievance is _		irned, Denied or Approve	d). If your informal	ievance is denied,
you nave the right to s	submit a formal grievance in ac	ccordance with Chapter 33-103.006	o, F.A.C.]		•
Official (Signature)):	to his	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.

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.

DC6-236 (Effective)

INMATE REQUEST

STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

Mail Number:

					Team Number:	#6
					Institution:Z	union
TO:	Warden	Classification	n N	/ledical	☐ Dental	
(Check One)	Asst. Warden	☐ Security	□ N	Iental Health	Other	
EDOM. Inmat	te Name	DC 1	Number	Quarters	Job Assignment	Date
FROM:		5000000			Voo 7 issigniion	Date
150	nald W. Clar	Kjr 81	2974	P-6118		6-4-14
REQUEST			C	heck here if th	is is an informal	grievance
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should	not be cho	reed again	. Coul	d you 7	olegie se	that
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informal	grievances will be respon	ided to in writing.	. 1) WILLEIN	information or	2) Personal Intervie	w. Zerte
		DO NOT WRITE I	BELOW THE	IS LINE —	HEALTH SE	
RESPONSE	,					
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spendin	e any mo	ney or zu	2,	Torrale	dry. Che	hy - 11
The following pertain	ns to informal grievances only			A CONTRACTOR OF THE PROPERTY O	have a	12014
	formation, your grievance is	•	(Poturned	Denied or Annual	ad) If your informat	dayance le de-2-d
	submit a formal grievance in a	accordance with Chapter			ed). If your informal gr	rievance is denied,
	1 2.	T-MACEY, HS/		1	1	
fficial (Signature)): 1/1/5	MION CI/CORT	ON	Date: 6	12-14	
riginal: Inmate (plu	is one copy)	,, 142				
C: Retained by office		anne to to an in the format				

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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