STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

INMATE REQUEST	Mail Number:		
0 2022	Team Number: #6		
8-14-288287	Institution: zunion		
TO: Warden Classification Check One) Asst. Warden Security	Medical Dental Mental Health Other Andrews		
FROM: Inmate Name DC Number	Quarters Job Assignment Date		
Ronald W. Clark ir 81297	+ P-4101 - 8-22-14		
RECUEST	Check here if this is an informal grievance		
T'a aviouing the East that			
In grieving the Fact that			
Disciplinary Confinement 9	ring zuithout me being		
on D.C. IF you want to-	permanently house		
me here, then I want se			
1) T.V. returned and to can			
a) Close the cell in like 410	2. with a solid door		
and wall. Which cut's me OFF From Tic.			
IF this can't be done then I need to be moved			
OFF OF D.C. to a regular ADA			
Thank you			
27.11161			
	Jarald W. Crawy		
All requests will be handled in one of the following ways: 1) Wr	itten Information or 2) Personal Interview. All		
informal grievances will be responded to in writing.			
DO NOT WRITE BELOW THIS LINE			
	1 .		
Temperary in 4/01, work orders are placed for the coble. As soon as medical information 15 received arteen will be taken by Seconity			
Inmate Clark are housed temporary in 4/01, work orders			
are placed for the coble. As soon as medical information			
15 received aften well be taken be seconti			
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[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):	Date: 8-25-19		
Original: Inmate (plus one copy)			

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.

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.

STATE OF FLORIDA DEPARTMENT OF CORRECTIONS

To: Warden Classification Medical Other	INMATE REQUEST	DEFARTMENT OF CORRECTIONS	Mail Number:	
TO: Warden Classification Medical Dental Check One Asst. Warden Security Mental Health Other FROM: Inmate Name DC Number Quarters Job Assignment Date REQUEST Check here if this is an informal grievance Warden Asst. Warden Security S12974 P\$ P\$ P\$ REQUEST Check here if this is an informal grievance Warder ARTICLE One Sect. One 33 OF The FLORIDA CONSTITUTION, I have the right to Forego any and all types of medical Intervention. Weighting Asset Association Weighting Weighting Asset Association Weighting Weighting Asset Association Weighting Asset Warden DC Number Quarters Bound of ARTICLE One Sect. One Sect. One Check here if this is an informal grievance Warden DC Number Quarters Joh Assignment Date State Assignment Date State Assignment Date Sect. One Warden Asst. Warden DC Number Date Warden Asst. Warden Date Date Date Warden Date Date Date	8-14-30			
Check One) Asst. Warden Security Mental Health Other FROM: Inmate Name Request Occurrence Do Number Quarters Request Policy Policy Check here if this is an informal grievance Policy of Approved). If your informal grievance is denied, you have the right to submit a formal grievance only: Based on the above informal grievance in proordance by the Chapter 33-103-006, F.A.C.	0 11 301		Institution: 21nion	
REQUEST Check here if this is an informal grievance of the following pertains to informal grievance of the following pertains to informal grievance is denied, you by palicy need to be weigh and a week. RESPONSE (apt. Jeckowski Date (Returned Confidency) or Approved). If your informal grievance is denied, you have the right to submit a formal grievance is denied, you have the right to submit a formal grievance is providence with Chapter 33-103.006, E.C.]				
REQUEST Check here if this is an informal grievance of the property of the section 23 OF The FLORIDA CONSTITUTION, I have the right to Forego any and all types of medical Intervention. Weighing 13 a medical issue, your Forcing staff to weigh me the fly 33 act 530 Death Row closes not require me to weigh. In grievaing the Fact the fly the Admin, is in violation of the low and rules. This need's to be stopped, if an innate need's and desires to be weighed he has the option to see medical. Thank you for your time and hopefully your help in correcting this, Goald will hardy. All requests will be handled in one of the following ways: 1) Written Information or 2) Personal Interview. By informal grievances will be responded to in writing. DO NOT WRITE BELOW THIS LINE RESPONSE (apt. Jeckowski Date of the following ways: 1) Written Information or 2) Personal Interview. By Denied, you by policy need to be weigh once a week.	FROM: Inmate Name	DC Number Quarters	Job Assignment Date	
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STATE OF FLORIDA DEPARTMENT OF CORRECTIONS INMATE REQUEST Mail Number: Team Number: 8-14-288 Institution: TO: Classification Medical Dental (Check One) Asst. Warden Security Other Andr Mental Health Inmate Name DC Number Quarters Job Assignment Date FROM: Ronald W. Clark 8-21-14 812974 REQUEST Check here if this is an informal grievance grieving the Fact that the temperatures these Wings 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

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. (Returned Denied, or Approved). If your informal grievance is denied,

Date: