

# RANT TO RAVE

Aug. 2016  
Blog Entry.

I've just been moved again. This time, into a cell, that had no running hot water. NO T.V.

It's retaliation for the last blog... the complaints ± file against the correctional officials.

I want get a chance to shower today. But that's okay, because I only had a chance to shower once last week. They spit in my food trays, on me, ect. Assault me with the shackles and



MCC-IMU  
Grievance Coordinator  
Confidential

122

LOG I.D. NUMBER  
16610533

OFFENDER COMPLAINT

CHECK ONE:  Initial  Emergency  Appeal  Rewrite

**RESIDENTIAL FACILITIES:** Send completed form to the Grievance Coordinator. Explain what happened, when, where, and who was involved or which policy/procedure is being grieved. Be as brief as possible, but include the necessary facts. Use only one complaint form. A formal grievance begins on the date the typed grievance forms are signed by the Coordinator. Contact a Department employee to report an emergency situation or to initiate an emergency complaint. Please attempt to resolve all complaints through the appropriate Department employee(s) before pursuing a grievance.

**NOTE:** Complaints must be filed within 20 working days of the incident. Appeals must be filed within 5 working days of receiving the response. Include log ID # on rewrite or response being appealed.

|                            |                         |                    |                             |                                   |                           |
|----------------------------|-------------------------|--------------------|-----------------------------|-----------------------------------|---------------------------|
| Last Name<br><i>PHIPPS</i> | First<br><i>Linnell</i> | Middle<br><i>J</i> | DOC Number<br><i>718276</i> | Facility/Office<br><i>MCC IMU</i> | Unit/Cell<br><i>11229</i> |
|----------------------------|-------------------------|--------------------|-----------------------------|-----------------------------------|---------------------------|

**COMMUNITY SUPERVISION:** Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

|                                     |             |          |           |
|-------------------------------------|-------------|----------|-----------|
| MAILING ADDRESS: STREET OR P.O. BOX | CITY, STATE | ZIP CODE | TELEPHONE |
|-------------------------------------|-------------|----------|-----------|

**COMPLAINT:** I appreciate the truthful reporting of the facts. Unfortunately the act still occur. So I must appeal to level 3

SUGGESTED REMEDY:

Mandatory  
  
Signature  
Date *7-28-76*

|                                  |                 |               |
|----------------------------------|-----------------|---------------|
| GRIEVANCE COORDINATOR'S RESPONSE | Facility/Office | Date Received |
|----------------------------------|-----------------|---------------|

HANDWRITING... AN TO TOP IT OFF I  
HAVE TO COMPLETE A KEYFA TRIBAL  
OBLIGATION WITH A BEING THAT'S INTENT  
ON RUINING MY LIFE, I WISH THEY  
JUST HAD LET THIS PERSON PASS ON. YOU  
KNOW... IT'S OKAY TO DO THAT AT TIMES.  
THIS PERSON OBVIOUSLY HATE ME AND MY / OUR  
RACE AND PEOPLE. I'M TROUBLE. I DON'T  
BELIEVE I'M THE RIGHT PERSON FOR THIS  
JOB. AND I ACKNOWLEDGE THAT THEIR IS  
NO ONE ELSE. THIS PERSON DON'T WANT  
TO BE LOVE BECAUSE THIS PERSON  
HAVE THIS ONLY CONCEPT OF WHAT LOVE  
SHOULD BE.

WHAT'S  
YOURS,

MY  
WANT.

Your complaint is being returned because:

- It is not a grievable issue.
- You requested to withdraw the complaint.
- You failed to respond to callout (sheet) on \_\_\_\_\_.
- Administratively Withdrawn \_\_\_\_\_.
- The formal grievance/appeal paperwork is being prepared.

- 10/22/14 02:16
- The complaint was resolved informally.
  - Additional information and/or rewriting needed. (See below.)  
Return within 5 working days or by: \_\_\_\_\_.
  - No rewrite received \_\_\_\_\_.
  - Sent to \_\_\_\_\_ (facility) on \_\_\_\_\_ (date).

EXPLANATION:

Accepted with III

Coordinator's Name (print)

F Maxson

Coordinator's Signature

*F Maxson*

Date

8-2-14