

RANT TO RAVE

Aug. 2016 Blog entry

I'M Lost FOR words,
Loathing The Governmental entities
THAT permit THIS BARBARIC,
Hideous, Animalistic Domestic policy.
It's A policy where we all are
Designated FOR ERADICATION,
Consumption, enslavement by
A NAZIS (Not just communist) but
COMMUNIST, socialist entity... An sick American
entity... ITS GOAL IS FORCE CONFESSION ON FALSE
Allegations, force corroboration on HUMAN
BEHAVIOR CONTROL... Just imagine some kind
of being... Female or male... (what if they...)
These beings ARE some of the models, ACTORS,
Athlete, singer, news caster, THAT YOU
Admire... what if it's A DOCTOR, TEACHER
AT your LOCAL Hospital, school etc...)
USING THE TACTICS AT THEIR DISPOSAL TO
SUCK THE LIFE out of you, your wife or husband,
your love ones, your child you send to public
school, because you AS ^{IS A} ~~#~~ mother fucker
citizen of this country, resident of your
state ^{with} give you THE constitutional right to
~~to do so~~ Live your life AS you see fit
within the boundaries which HAS BEEN established
By the constitution AND laws that don't violate
THESE constitutions.

IS IT
OUR CHILDREN,
IS IT
OUR LOVE ONES,
OURS...
LIFE...
OURS...
DEATH...
THE
US
DOMESTIC
POLICY



LOG I.D. NUMBER
1661660

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	First	Middle	DOC Number	Facility/Office	Unit/Cell
Phipps	Linnell	J	718274	MCC	M122

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
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COMPLAINT: on 8-10-12 while in the A2A class M. Walker. Hand me two small bags of popcorn. Then he said he spit it. I thought that he was being sarcastic. And did not do it. But because of the reaction of the inmates and C/O Justice behavior it lead me to the belief that he might have spit ~~in~~ my popcorn. If he did not do it. it was still inappropriate for him to say that he did.

SUGGESTED REMEDY:

Mandatory  8-11-12
Signature Date

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because:	Facility/Office	Date Received
	<input type="checkbox"/> It is not a grievable issue.	<input type="checkbox"/> The complaint was resolved informally.
<input type="checkbox"/> You requested to withdraw the complaint.	<input type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: _____.	
<input type="checkbox"/> You failed to respond to callout (sheet) on _____.	<input type="checkbox"/> No rewrite received _____.	
<input type="checkbox"/> Administratively Withdrawn _____.	<input type="checkbox"/> Sent to _____ (facility) on _____ (date).	
<input checked="" type="checkbox"/> The formal grievance/appeal paperwork is being prepared.		

EXPLANATION: Accepted - Level I

Coordinator's Name (print) B  Coordinator's Signature  Date 8/17/12

WANT TO HAVE

Aug. 2016 Blog Entry

TO CONTROL AND PREVENT CITIZENS, ETHNIC
CITIZEN COMPLAINT FROM BEING ADDRESS IN
A MANNER FOR WHICH THE REMEDY IS
FAVORABLE. TO PRESENT THE IMAGE THAT
ETHNIC COMPLAINT ARE BEING ADDRESS IN
A MANNER FOR WHICH THE REMEDY IS FAVORABLE
TO THAT PERSON.

Quiet, The Voice of TRUE GRIEVANCES
OF THE ETHNIC POPULATION... BY PREVENTING
THEM FROM SPEAKING, IF THEY CAN NOT DO
THAT, PREVENT THEM AS LONG AS THEY CAN,
PREPARE A STRATEGY TO DISCREDIT THEM
BY CALLING IN TO QUESTION THEIR REPUTATION.
THE REPUTATION OF POTENTIAL LEADERS. THE
SAME ONES THEY HAVE BLANKETED LIKE A
HELPLESS BABY IN ITS CRIB, FOR LORD KNOWS
HOW LONG... CONDUCTING ACTS OF WHAT IS
KNOW AS SPIRITUAL AND HUMAN MANIPULATION.
IF YOU DON'T KNOW THE RIGHT PRAYER OR
METHODS TO SEEK HELP AND PROTECTION FROM
YOUR FAITH YOU HOLD NEAR AND DEAR TO
YOU, HOW IS IT POSSIBLE FOR YOU
TO SEEK ASSISTANT FROM YOUR
RELIGIOUS FAITH.

(2)



LOG I.D. NUMBER
16615402

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.

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Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
PHIPPS	Linnell	J	718276	MCC	IMU 14122

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: Okay! so Brandi Blair response is a little confusing. Mike housed in 229 I rented the T.V. twice as part of the ADA initiative. in 8-3-16 I was moved into 122 which had no hot water or TV. installed the cell was inoperative. It was part of harassment. on 8-4-16 Collins responded to the kite that was sent to her by me on 8-3-16. Young staff are working on getting a tv installed in 122. that I was eligible to rent on 8-11-16. I will be kind of trouble that I was moved. And not be allowed to stay in the cell while the T.V. is installed. Why did they use me to get 122 operational. They have the answer to this question. eventually I will be moved from 222 into the program mod. (A) I have the T.V. privileges. But I do believe

Mandatory Signature: [Signature] Date: 8-10-16

GRIEVANCE COORDINATOR'S RESPONSE
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.

Facility/Office: MCC IMU Date Received: 8/16/16
 The complaint was resolved informally.
 Additional information and/or rewriting needed. (See below.)
Return within 5 working days or by: 8/24/16
 No rewrite received _____
 Sent to _____ (facility) on _____ (date).

EXPLANATION: Original complaint was cell had no hot water or TV. Harassment, Using you to get 122 operational, future move to programming pod are new issues. You cant introduce new issues in appeal. Stick to original issues from initial complaint. If you want to appeal - Rewrite. You can just write "Appeal to next Level!"

Coordinator's Name (print): B. [Redacted] Coordinator's Signature: [Redacted] Date: 8/17/16

PLAN TO RAVE

If they use specific elements of this plan to create the basis of an illness and control and prevent you from seeking the ~~great~~ correct medical treatment, then how are you to become healthy as to say that you live and speak from an independent conscious state.

How can you say that you have given birth and is raising a healthy child. You send your children to school and they're there. Ready to infect your child, molest your child... of course they appear to be children but ~~they are~~ ^{they're} really not. They're teachers, shape shifting, mature adult being with the ability to appear as a child. And if they lack that ability well, they ~~are~~ nevertheless ~~the~~ educational officials who are at that school, understanding and accomplishing their goals... to infect and feed. What are they consuming the hidden talent (whatever that is) of you or your child... to control ~~it~~ ^{you} and ~~it~~ ^{her} or him. Designate your children, you for death if they can't control you or them.



LOG I.D. NUMBER
16615402

OFFENDER COMPLAINT

CHECK ONE: Initial Emergency Appeal Rewrite

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Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
Phipps	Linnell	J	718276	MCC	IMU C122

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
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COMPLAINT: ON 8.2.16 I WAS moved from 229 TO 122. 122 HAS NO HOT WATER. IT HAS NO TV. When talking TO THE FLOOR STAFF AND writing kites IFS my understanding THAT I WAS move INTO 122 ~~as a result of~~ ~~management~~ ~~agreement~~ ~~staff~~. I WAS inform BY kite THAT I would be move, when A AVAILABLE cell become open... so ITS more Likel. Then not, I will ~~not~~ be moved immediately. They turn the hot water on but its cold, NO ITS working. I WISH TO withdraw grievance 16610533. TO process this (the group have C122 operations)

SUGGESTED REMEDY: To make the hot water ~~in~~ in the cell and have A TV ~~in~~ in the cell Mandatory ~~to be provided~~

Signature:  Date: 8.3.16

GRIEVANCE COORDINATOR'S RESPONSE

- 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.

Facility/Office	Date Received
MCC IMU	8/5/16

- 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 Level 1.

You have 4 active gnerances. It was not necessary to withdraw I to process this. I did not withdraw 16610533.

Coordinator's Name (print)	Coordinator's Signature	Date
B. [Redacted]	[Redacted]	8/5/16

RANT TO RAVE

What I'm trying to do is explain
to you now... Their TACTICS.
So you may form a strategy to
defeat them. It's my understanding
that when they have no one else to
feed off of they feed on each other.
Why are they doing this... for
companionship... fame, ~~future~~
fortune, ~~set~~ shut what ever they
desire... But you must understand...
they're powerful beings.. can they
be killed... it's the wrong way to
look at it... it may appear to be
that they have died but it's a little
more complicated... you can defend yourself
from them...

What... is it... you want / Ayea est...
I'm busy trying to stay alive...
And get out of this situation I'm
in... Being mean get you the pits...
Just remember what I've said... God Father.
OF ALL
OF YOUR
God Father.





LOG I.D. NUMBER
166/0531

OFFENDER COMPLAINT

CHECK ONE: Initial Emergency Appeal Rewrite

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Last Name	First	Middle	DOC Number	Facility/Office	Unit/Cell
PHIPPS	Linnell	J	718276	MCC	M229
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: ON 5-9-16 I WAS DENIED A SHOWER. THE 3rd shift Sgt who was holding the camera said that he would schedule me for a shower on 5-10-16. ON 5-10-16 I sent a KITE TO THE CUS AND ASSOC SUPERINTENDENTS OFFICE COMPLAINING THAT I WASNT ESCORTED TO SHOWER AS PROMISE BY THE SGT ON 5-10-16. THE CUS / ASSOC SUPERINTENDENT REPLIED IN THE VIDEO SHOW YOU BEING ESCORTED TO SHOWER ON 5-10-16. I WANT TO GRIEVE ME BEING HARASSED AND RETALIATED AGAINST FOR GOING TO THE YARD IN THE EVENING.

SUGGESTED REMEDY:

Mandatory Signature: [Signature] Date: 5-20-16

GRIEVANCE COORDINATOR'S RESPONSE

- 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.

Facility/Office: MCC 1M4 Date Received: 5/25/16

- 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 - Level I

Coordinator's Name (print): B. [Redacted] Coordinator's Signature: [Redacted] Date: 6/3/16