

# RANT TO RANT

AMSC 4-2017  
Blog entry  
PART 2

Please!

I PRAY that I'M Not offensive.  
IF you were mines,  
you'll see that I ReP Missouri real well.  
HUH!  
YEAH!

IT'S your Love... And only your Love, babe girl...  
I'M AFTER!!!

And IF you WAS to SAY, what if I don't know IF I have  
IT in me to give to anyone or man.

Just As god Present signs to his believers. that good And  
Evil, Heaven And Even Exists.

It would be my task to help you see, that  
their is 'Love' inside you, to -- give; to

those individuals A nd Mans that Come  
into your Life, even o after me.

for one simply only can dream, wish, Pray  
that relationship, Ma rrriage, Love Affair-Last  
eternity in the state they're in And IF their is

evolution in the relationship, etc, it should only be in  
the concept of the union for which it began. I guess that's

why their are horrible divorces, fatherless childrens and  
so forth.

whatever Actors, Models, Singers, that I speak of in a Fantasy  
concept, let Not My Pieces cause you any ill... Unless I'm

speaking of you in a Light for which I should cause ill.  
And if it's a Dream, wish or prayer that should be granted to me.

Then let it be that you should fall in love with me through this  
piece.  
Alicia (women)

Stalk you like the Pauper Assi;  
SCARE you like the HobGoblin;  
WALK AWAY from you like An Abandon child;  
Hurt you like An Abused Child;

IT'S only your Love - I'M AFTER.

DON'T FORSAKE Me.

ALICIA

I'll Not;  
Linnell Phipps  
MS-EOB  
(2)

valentines  
day  
PS

This is how they retaliate. The WCC official place me in a freezing cold cell to cause me to have a severe type 1 diabetic attack my nose would run to when I blow it, it would bleed causing me to go to the sick call. Afterwards this is what occur. When I tried to grieve the issue the grievance coordinator at WSP withdraw it. she allow a grievance to be filed so she could withdraw this one.



LOG I.D. NUMBER  
17627775

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 PHIPPS	First Linnell	Middle J	DOC Number 718276	Facility/Office WSP	Unit/Cell 195-602
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195-602

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 understand that the provider prescribe me to take the medication for 30 days. At the time of me using the med and in that 30 day period of time I did send a kite requesting a refill. Firstly I was not allow to use the medication as the provider prescribed. The nursing staff sent every message in the book to let me know that I would not be using the medication as prescribe or be getting the refill to continue to use the medication during the first 30 days. I'm afraid at this point to see anyone because I don't know what will happen to me. The only thing I thought of doing was to report the issued. I should have had the ~~refill~~ med refilled within the 30 day period. Now that period has pass. I had to get over the illness the hard way.

Mandatory  3.15.17  
Date

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.  
 Not accepted

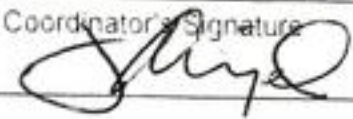
Facility/Office  
WSP

Date Received  
3/20/17

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: As stated in the response you need to sign up for sick call. Also, you are at sick call grievances and this cannot be accept at this time.

Per page 26 of the Offender Grievance Program Manual: Offenders may not submit more than five (5) new complaints per calendar week or have more than 5 active grievances and/or appeals. If an offender exceeds those limits, the Grievance Coordinator will return all materials, explain the offender is over the limit, and list all active log ID numbers. Log ID #s enclosed. See attached.

Coordinator's Signature  Date 3/20/17