

Nov.
2018
Blog entry

RANT TO RAVE

I understand why,,, in life that
Beings like Jim Jones of the
Peoples temples Are formulated in
This world And abide on thrs planet.
The Jones Town cult.

Another
Holiday
By Myself

The over 900 man, women and children Dead...
Murder,,, destroyed, sacrifice By the social ideologies
that Are the main Dogma of the Government and societies
of the leading industrialize countries of thrs planet, world,

Must we all die of cynide poison in mass...
for our pursuit of ethnic life, Liberty, happiness, freedom.
Let me conceal the body and death of my infants from
your initial sight and inspection for fear that you might
out of your condition animalistic behavior, demoralize,
marginalize, impoverished, enslaved their wanted and
innocent death... Pure and heart-sound.

AS YOU DO US ALL...

My desire is the same.

Ours is the same.

Maybe slightly differentiated.

My value. My Happiness. My Health.

My life in decency troubles and sadden you.

P.S.

THIS TRANSFER ~~causes~~ cause me to be
separated from my property, my blog..

I don't know if I will ever be reunited with
it. OR the store will be fully told.

But it's written. I've other to write and
(1) get out of there.



LOG I.D. NUMBER
18664585

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 WBP	Unit/Cell 504 208
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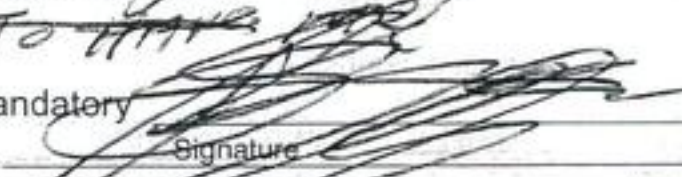
COMMUNITY SUPERVISION: Send completed copies of this form directly to: Grievance Program Manager, Offender Grievance Program, Department of Corrections, P.O. Box 41129, Olympia WA 98504-1129.

MAILING ADDRESS: STREET OR P.O. BOX	CITY, STATE	ZIP CODE	TELEPHONE
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COMPLAINT: ~~THE~~ FLOOR officer and medical STAFF Refuse to ISSUE me my medication AT pill line.

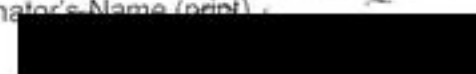

THE FLOOR officer AT the morn^{ing} BREAKFAST Threatens to HARM me IN THE nurse. Now THAT I've push the MEDICAL call button IT APPEAR THAT IT WAS THE ENTIRE FLOOR STAFF. I'M Not Feeling Well. And I'M requesting my medication? ^{Be brought to me today} THIS A medical emergency. BECAUSE IT'S A disruption OF THE orderly operation OF THE FACILITY. I'M sick and ~~is~~ not well.

SUGGESTED REMEDY:
TO HAVE medication brought to me AT every morn and now pill line. And to ~~have~~ ^{to have my medication brought to me immediately.}

Mandatory Signature:  Date: 9/26/18

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because:	Facility/Office MCC 1111	Date Received 9/27/18
	<input type="checkbox"/> The complaint was resolved informally. <input checked="" type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: 10/8/18 . <input type="checkbox"/> No rewrite received _____ <input type="checkbox"/> Sent to _____ (facility) on _____ (date).	

EXPLANATION: You were given your morning pill at noon. It was missed at am pill line. You have another issue listed here - a tract for you. If you wish to pursue either the pill issue or threat, separate these issues & rewrite. Must include a date & approx time & what occurred &/or what was said. ~~they~~

Coordinator's Name (print)	Coordinator's Signature	Date
		10/1/18

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WANT TO RAVE

but not will you experience such mental, emotional
Hardship for you Acclaim Begotten.

It's By Her, His, Him, your Hands.

Should.. Fortune find It's way Here to.

It's Because your move was thwarted.

Your Party of dooms-dayer, miser, grinch

goal is to steal mines and others pursuits

of Happiness and Happiness and Life.

I'm wholly saddened that I didn't
Receive your Letters, messages and support
due to the terrorist that I (we) face... daily.

Please Never give up.

TRY contacting me directly at the Address
I leave. THANK BTB...

LEONARD PHIPPS JR. # 718276

P.O. BOX 514
MONROE, WA.
98272

HAPPY HOLIDAYS
ALICIA
EILEEN
ALL OF YOU

P.S.

Every day I battle with the floor staff to
prevent them from killing me, injuring me by not
allowing the nursing staff to issue me my medication,
it come extremely late. AN HOUR AFTER IT'S SCHEDULE
TIME. I see medical staff ~~are~~ threaten, intimidated
~~in front of me~~. By the FLOOR staff in front of me.
(2) and which I'm mentally, emotionally affected.
It's troubling knowing that it's an organization out there
who sole purpose is to ~~kill~~ you ill or kill you.



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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 LINNIE	Middle J	DOC Number 718276	Facility/Office MCC-SOU	Unit/Cell A 209
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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 9.26.18 At About 12:30 pm The Mexican nurse Arrive for noon pilline. They wouldn't let her come at the morning pilline and the booth officer refuse to contact her so I could be given medication. at noon she said white appearing frighten that she would have come if she was call. She indicate that the floor staff wouldn't allow her issue my medication at ~~about~~ morning pilline I watch CO Hollin threaten, intimidate this female nurse. She was so scared. They wouldn't let her down the tier to my cell unless I called her. She had to ask where I was at. I had to yell out my cell number. The CO was threaten both of us. It wasn't just CO Hollin. It was the booth officer and whoever else working with CO Hollin. I swear I heard her say they was trying to hurt her for her beginning me my medication.

SUGGESTED REMEDY: Hurt her for her beginning me my medication.

Mandatory  Date 10/3/18

GRIEVANCE COORDINATOR'S RESPONSE Your complaint is being returned because: <input type="checkbox"/> It is not a grievable issue. <input type="checkbox"/> You requested to withdraw the complaint. <input type="checkbox"/> You failed to respond to callout (sheet) on _____ <input type="checkbox"/> Administratively Withdrawn _____ <input type="checkbox"/> The formal grievance/appeal paperwork is being prepared. <input type="checkbox"/> Not accepted	Facility/Office mccsau	Date Received 10/5/18
	<input type="checkbox"/> The complaint was resolved informally. <input checked="" type="checkbox"/> Additional information and/or rewriting needed. (See below.) Return within 5 working days or by: 10/15/18 <input type="checkbox"/> No rewrite received _____ <input type="checkbox"/> Sent to _____ (facility) on _____ (date).	

EXPLANATION: Now this states the nurse was threatened. Complaints cannot be submitted on behalf of others. What was said to you that was threatening, by who, what date & approx time?

Coordinator's Name (print)		Coordinator's Signature		Date	10/8/18
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