

**STATE OF WEST VIRGINIA**  
**DEPARTMENT OF HOMELAND SECURITY**  
**DIVISION OF CORRECTIONS & REHABILITATION**



**BETSY C. JIVIDEN**  
**COMMISSIONER**

**JEFF S. SANDY, CFE, CAMS**  
**CABINET SECRETARY**

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Office of the Commissioner  
1409 Greenbrier Street  
Charleston, WV 25311  
304-558-2036 – Telephone  
304-558-5367 - Fax

July 6, 2022

Via email only: [kylevass@gmail.com](mailto:kylevass@gmail.com)

William Kyle Vass  
Investigative Reporter  
Dragline/ACLU  
Post Office Box 1053  
Wayne, West Virginia 25570

RE: FOIA Request to WVDCR re: inmate/employee complaints Southern Regional Jail

Dear Mr. Vass:

Please be advised that the West Virginia Division of Corrections and Rehabilitation received your Freedom of Information Act request dated June 14, 2022. An extension notice was filed on June 23, 2022. Pursuant to West Virginia Code § 29B-1-3(1) you have the general right to inspect public records within the custody of a state agency, subject to certain limitations.

You requested:

“1) All complaints written by people who died between Jan 1, 2020, and the date this request is fulfilled while in custody at any West Virginia regional jail facility (including complaints submitted to your office or complaints submitted to anyone working as a regional jail corrections officer, manager or administrator).

RESPONSE: The public records which have been identified as responsive to your requests have been attached hereto.

2) All incident reports (or any such reports that correctional staff are obligated to write when they encounter a medical emergency, suspected criminal activity, etc) written by any WV DCR employee about people who died between Jan 1, 2020, and the date this request is fulfilled while in custody in any West Virginia regional jail facility.”

RESPONSE: Any records which would be responsive to your request, should the same exist, would be exempt from disclosure pursuant to the provisions of § W.Va. Code §29B-1-4(a)(2) and (5).

To the extent you consider any part of this response a denial, the responsibility of the West Virginia Division of Corrections and Rehabilitation to respond to your initial request is at an end. If you feel the information contained in this response is contrary to law you may institute an action for declaratory and/or injunctive relief in the Circuit Court of the county in which you assert the records are kept, subject to all jurisdictional procedural prerequisites, which are specifically not waived.

Sincerely,

A handwritten signature in blue ink that reads "Sallie Daugherty" with a horizontal line extending to the right.

Sallie Daugherty  
Paralegal

ONE STAPLE ONLY

GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 30

630706A

Inmate Name

OID #

Date of Grievance  
3-7-20

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.)

TO WRITING ON BACK:

TOILET PAPER IS BEING UNFAIRLY HANDED OUT HORDED AND TRADED/SOLD BY SOME INMATES IN VIOLATION OF RULE 2.12 (SELLING) AND RULE 2.33 (LEGAL STORE). AT RANDOM TIMES OF THE DAY A TRASH BAG OF TOILETRIES IS TOSSED ONTO THE DAVENOM FLOOR. THE FIRST DOZEN OR SO CLOSEST INMATES PUSH AND SHOVE EACH OTHER AND TAKE SEVERAL ROLLS EACH. SOME INMATES THEN HORD TP AND "SELL/TRADE" IT TO THOSE WITHOUT RELIEF SOUGHT (state what you want):  
TOILET PAPER TO BE FAIRLY HANDED OUT TO ALL INMATES IN THE POD.

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

Accepted  Rejected  Reason for rejection: Major Thompson Date: 3-11-2020  
Response on Merits if accepted: I have instructed the shift supervisor to make sure this was completed

R. Thompson  
Signature

Resolved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Superintendent \_\_\_\_\_ (initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted:  Remand to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified

(Attach additional sheet if necessary)

Superintendent's Signature

Date

Resolved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Commissioner \_\_\_\_\_ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_  
Response on Merits if accepted:  Affirm Superintendent and deny grievance (Affix final stamp)  Other, memo attached.

ONE STAPLE ONLY

WVDCR Policy Directive 335  
15 February 20  
Attachment  
GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 10

000302A

Inmate Name

OID #

Date of Grievance 7-31-20

Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services. **NO WRITING ON BACK**):

SOME INMATES ARE BEING ALLOWED MORE THAN ONE TRAY PER MEAL EVERY DAY I VE ASKED FOR EXTRA AND BEEN TELL "NO"

Relief Sought (state what you want):

I WOULD LIKE TWO OR THREE TRAYS PER MEAL JUST LIKE OTHERS ARE BEING GIVEN.

Inmate's Signature

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

Accepted

Rejected

Reason for rejection: Major

Date: 8-3-20

Response on Merits if accepted:

This is Not Allowed

Signature

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services)

Appealed to Superintendent \_\_\_\_\_ (initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted

Rejected

Reason for rejection: \_\_\_\_\_

Date: \_\_\_\_\_

Response on Merits if accepted:  Remand to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified

Comments

Superintendent's Signature

Date

(Attach additional sheet if necessary)

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services)

Appealed to Commissioner \_\_\_\_\_ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted

Rejected

Reason for rejection: \_\_\_\_\_

Date: \_\_\_\_\_

Response on Merits if accepted:  Affirm Superintendent and deny grievance (Affix final stamp)  Other, items attached.



ONE STAPLE ONLY

WVDCR Policy Directive 335  
15 February 20  
Attachment  
GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 20

071701A

[Redacted]  
Inmate Name

OID #

7-16-20  
Date of Grievance

Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.  
DO NOT WRITE ON BACK):

I M BEING GIVEN TOO LITTLE IMPROPERLY PREPARED SPOILED AND WATER SOAKED FOOD. I'M BEING SHORTED MILK, CHEESE AND OTHER ITEMS REQUIRED BY THE INMATE DIETARY REQUIREMENTS. MEATS ARE UNDERCOOKED, MILK IS ROTTED AND SOME TRAYS HAVE ITEMS OTHER THAN.

Relief Sought (state what you want):

PROPERLY COOKED FOODS IN CORRECT PORTIONS, NOT SERVED WET OR MIXED TOGETHER. MILK WITH EVERY BREAKFAST.

[Redacted]  
Inmate's Signature

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

Accepted  Rejected  Reason for rejection: Major Date: 7-20-20

Response on Merits if accepted:

All trays are properly checked for accurate temperatures weekly to keep from using expired or spoiled milks. unless you are on a diet all meals are created the same with some food items.

[Redacted]  
Signature

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Superintendent \_\_\_\_\_ (Initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Action by Superintendent:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted:  Remand to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified

Superintendent's Signature \_\_\_\_\_ Date \_\_\_\_\_ (Attach additional sheet if necessary)

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Commissioner \_\_\_\_\_ (Initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature \_\_\_\_\_ Date \_\_\_\_\_

Action by Commissioner:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_  
Response on Merits if accepted:  Affirm Superintendent and deny grievance (Affix final stamp)  Other, memo attached.

ONE STAPLE ONLY

WVDCR Policy Directive 335.00

15 February 2021

Attachment #7

GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 20

070903A

Inmate Name

OID #

Date of Grievance

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services. **DO WRITING ON BACK:**)

Relief Sought (state what you want):

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Inmate's Signature

Director of Inmate Services Response (attach additional sheet if needed)

Accepted

Rejected

Reason for rejection: Major

Date: 7-9-2020

Response on Merits if accepted:

Security Reason

Signature

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services)

Appealed to Superintendent \_\_\_\_\_ (initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted

Rejected

Reason for rejection: \_\_\_\_\_

Date: \_\_\_\_\_

Response on Merits if accepted:  Reason to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified

(Attach additional sheet if necessary)

Superintendent's Signature

Date

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services)

Appealed to Commissioner \_\_\_\_\_ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted

Rejected

Reason for rejection: \_\_\_\_\_

Date: \_\_\_\_\_

Response on Merits if accepted:  Affirm Superintendent and deny grievance (Affix final stamp)

Other, memo attached.

ONE STAPLE ONLY

WVDCR Policy Directive 335.00  
15 February 2020  
Attachment #2  
GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 20



DeBola

Inmate Name \_\_\_\_\_  
OID # \_\_\_\_\_

Date of Grievance 6/2/20

State Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.  
IO WRITING ON BACK):

MY WIFE ORDERED ME A "PROJECT REFERENCE MANUAL" FROM WALTHERS/KIMBACH PUBLISHING. IT WAS REFUSED ON MAR 2 AT 4:21PM (FEDEX 921292721047421893289) WITHOUT AN EXPLANATION OR RETURN MAIL RECEIPT. A SECOND ORDER WAS ACCEPTED ON MAR 12 AT 1:40PM BUT NEVER DELIVERED TO ME (FEDEX 921292721047421904367) OR RETURNED FOR REFUND.

Relief Sought (state what you want):

I WANT AN EXPLANATION OF WHY PER THE RULE BOOK OF WHY THIS WAS REJECTED, THEN ACCEPTED BUT NOT DELIVERED TO ME. I WANT THE BOOK OR COMPENSATION FOR THE COST.



(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Inmate's Signature \_\_\_\_\_

Director of Inmate Services Response (attach additional sheet if needed)

Accepted \_\_\_\_\_ Rejected  Reason for rejection: Major Date: 6-12-2020

Response on Merits if accepted: Refused Due to being A Magazine

[Signature]

Signature \_\_\_\_\_

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Superintendent \_\_\_\_\_ (initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature \_\_\_\_\_

Date \_\_\_\_\_

Action by Superintendent:

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted: \_\_\_ Remand to Unit for further action \_\_\_ Affirm unit and/or deny grievance \_\_\_ Grant the Grievance as specified

(Attach additional sheet if necessary)

Superintendent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Involved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Commissioner \_\_\_\_\_ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature \_\_\_\_\_

Date \_\_\_\_\_

Action by Commissioner:

Accepted \_\_\_\_\_ Rejected \_\_\_\_\_ Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted: \_\_\_ Affirm Superintendent and deny grievance (Affix final stamp) \_\_\_ Other, memo attached.



ONE STAPLE ONLY

WVDCR Policy Directive 335.00  
15 February 2020  
Attachment #2  
GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 20

0602034

[Redacted]

Inmate Name

OID #

Date of Grievance

Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services. **NO WRITING ON BACK**):

[Faint handwritten notes]

Relief Sought (state what you want):

[Faint handwritten notes]

[Redacted]

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Inmate's Signature

Director of Inmate Services Response (attach additional sheet if needed)

Accepted  Rejected  Reason for rejection: Major Date: 6-2-2020

Response on Merits if accepted: I will have Sgt. Webb take care of this

Signature

Resolved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Superintendent \_\_\_\_\_ (initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted:  Remand to Unit for further action  Affirm wait and/or deny grievance  Grant the Grievance as specified

[Redacted] (Attach additional sheet if necessary)

Superintendent's Signature

Date

Resolved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Commissioner \_\_\_\_\_ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_  
Response on Merits if accepted:  Affirm Superintendent and deny grievance (Affix final stamp)  Other, memo attached.



ONE STAPLE ONLY

WVDCR Policy Directive 335.00  
15 February 2020  
Attachment #2  
GENERAL DISTRIBUTION

WVDCR Inmate Grievance Form

Grievance No. 20  052004A

  
Inmate Name

  
OID #

5/20/20  
Date of Grievance

Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.  
DO NOT WRITE ON BACK):

MY WIFE ORDERED ME A BIBLE/BOOK OF MORAMON (FEDEX SHIPMENT # 390620423496) THAT WAS REJECTED BY 'SCRIP' AT 3:21PM FEB 28. I NEVER RECEIVED A RETURN MAIL RECEIPT OR EXPLANATION OF WHY THIS BOOK WAS REJECTED.

Relief Sought (state what you want):

RETURN MAIL RECEIPT AND EXPLANATION PER THE RULEBOOK OF WHY THIS SHIPMENT WAS REFUSED

  
Inmate's Signature

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Director of Inmate Services Response (attach additional sheet if needed)

Accepted  Rejected  Reason for rejection: Bibles must come from us Date: 5-29-20

Response on Merits if accepted:

R. Shaper  
Signature

Resolved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Superintendent \_\_\_\_\_ (initial) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

  
Inmate's Signature

  
Date

Action by Superintendent:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted:  Remand to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified

(Attach additional sheet if necessary)

  
Superintendent's Signature

  
Date

Resolved: \_\_\_\_\_ (if so initial and give copy to Director of Inmate Services) Appealed to Commissioner \_\_\_\_\_ (initial)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 335.00.

  
Inmate's Signature

  
Date

Action by Commissioner:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted:  Affirm Superintendent and deny grievance (Affix final stamp)  Other, memo attached.

# Workflow Interaction

Between 1/1/2021 and 6/30/2021 for Southern Regional Jail, WV

Resident: [REDACTED]  
 Current Location: SRJ  
 Resident ID: [REDACTED]

## Grievance

Created Action	Issue ID Comment	Resident	Current Status	Updated By
8/21/2020	[REDACTED]	[REDACTED]	Rejected	[REDACTED]
8/21/2020	Submitted by [REDACTED] on 8/21/2020 11:06:00 PM	[REDACTED]	[REDACTED]	[REDACTED]
8/21/2020	I was perscribed 10 milligrams of lexapro at night by the mental health doctor Melanie Weaver on 8-10-2020 and have yet to receive a single dose over 10 days later. I would like to get my perscibed meds asap please.	[REDACTED]	[REDACTED]	[REDACTED]
8/21/2020	Assigned to Grievance by [REDACTED] on 8/21/2020 11:06:00 PM	[REDACTED]	[REDACTED]	[REDACTED]
8/22/2020	Assigned to Medical by Mike Francis on 8/22/2020 6:24:20 PM	[REDACTED]	[REDACTED]	Mike Francis
1/21/2021	Rejected by Prime Care on 1/21/2021 1:28:16 PM	[REDACTED]	[REDACTED]	Prime Care
1/21/2021	Please fill out a NSC if this is still an issue. Queue Cleared	[REDACTED]	[REDACTED]	Prime Care
1/21/2021	Assigned to None by Prime Care on 1/21/2021 1:28:16 PM	[REDACTED]	[REDACTED]	Prime Care

Total Number Of Issues for Workflow : 1

# Workflow Interaction

Between 1/1/2020 and 12/31/2020 for Southern Regional Jail, WV

Resident: [REDACTED]  
 Current Location: [REDACTED]  
 Resident ID: [REDACTED]

## Grievance

Created Action	Issue ID Comment	Resident	Current Status	Updated By
2/27/2020	[REDACTED]	[REDACTED]	Closed	
2/27/2020	Assigned to Grievance by [REDACTED] on 2/27/2020 6:52:44 PM	[REDACTED]		[REDACTED]
2/27/2020	the money i came in with is missing It was counted and verified during intake but has never been added to my books	[REDACTED]		[REDACTED]
2/27/2020	Submitted by [REDACTED] on 2/27/2020 6:52:44 PM	[REDACTED]		[REDACTED]
2/27/2020	Assigned to Fiscal Management by Mike Francis on 2/27/2020 6:59:23 PM	[REDACTED]		Mike Francis
3/3/2020	Assigned to None by Rebecca McKenzie on 3/3/2020 2:25:07 PM	[REDACTED]		Rebecca McKenzie
3/3/2020	your money has been added	[REDACTED]		Rebecca McKenzie
3/3/2020	Accepted by Rebecca McKenzie on 3/3/2020 2:25:07 PM	[REDACTED]		Rebecca McKenzie
3/3/2020	Closed by [REDACTED] on 3/3/2020 2:25:55 PM	[REDACTED]		[REDACTED]

## Workflow Interaction

### Grievance

Created	Issue ID	Resident	Current Status	Updated By
Action	Comment			
2/28/2020			Closed	
2/28/2020	Assigned to Grievance by [REDACTED] on 2/28/2020 12:50:39 PM			[REDACTED]
2/28/2020	i came in with 112. 37 i know that half of it is taken for fees and such, but all 112. 37 was taken from me. that is not right to do someone that way. now i cannot call my family or anything. i don't even care if you took 75 % as long as i have some phone time. please adjust my funds to the correct amount according to dcr policy, and send me a copy of the dcr policy where you are allowed to take 100% of an inmates funds if there is one. thank you.			[REDACTED]
2/28/2020	Submitted by [REDACTED] on 2/28/2020 12:50:39 PM			[REDACTED]
2/28/2020	Assigned to Fiscal Management by Mike Francis on 2/28/2020 2:58:33 PM			Mike Francis
3/3/2020	Assigned to None by Rebecca McKenzie on 3/3/2020 2:25:56 PM			Rebecca McKenzie
3/3/2020	it has been added and we take 100% upon intake and 50% after that.			Rebecca McKenzie
3/3/2020	Accepted by Rebecca McKenzie on 3/3/2020 2:25:56 PM			Rebecca McKenzie
3/3/2020	Closed by [REDACTED] on 3/3/2020 2:26:11 PM			[REDACTED]



## Workflow Interaction

### Grievance

Created	Issue ID	Resident	Current Status	Updated By
Action	Comment			
2/28/2020			Closed	
2/28/2020	Assigned to Grievance by [REDACTED] on 2/28/2020 1:05:28 PM			[REDACTED]
2/28/2020	I have read the inmate handbook section 12 dash 6 under trustee section clearly states that medical will be paid 100% and the rest at 50% unless there are sufficient funds which there was not to cover said fees. again i have no problem paying the medical off and receiving half of the rest towards booking fees and the remaining half on my books please adjust accordingly			[REDACTED]
2/28/2020	Submitted by [REDACTED] on 2/28/2020 1:05:28 PM			[REDACTED]
2/28/2020	Assigned to Fiscal Management by Mike Francis on 2/28/2020 2:58:46 PM			Mike Francis
3/3/2020	Assigned to None by Rebecca McKenzie on 3/3/2020 2:26:20 PM			Rebecca McKenzie
3/3/2020	see previous response			Rebecca McKenzie
3/3/2020	Accepted by Rebecca McKenzie on 3/3/2020 2:26:20 PM			Rebecca McKenzie
3/3/2020	Closed by [REDACTED] on 3/3/2020 5:56:12 PM			[REDACTED]

## Workflow Interaction

### Grievance

Created	Issue ID	Resident	Current Status
Action	Comment		Updated By
3/3/2020			Closed
3/3/2020	Assigned to Grievance by [REDACTED] on 3/3/2020 6:06:00 PM		[REDACTED]
3/3/2020	i have signed and sent 3 property release forms with officers and co bastion brought one back saying my grandmother was here to pick up my property which i want all of it released or given to her [REDACTED] she sat here 2 hours waiting and the person running the front window lied to her saying i had not and refused to sign the property release form. I have now signed and sent 2 more releaseing all my property to [REDACTED] please resolve this issue and notify her that she can come get my property as she is 80 year's old and should not be lied to and run around because the co's here dont give a shit about doing there jobs.		[REDACTED]
3/3/2020	Submitted by [REDACTED] on 3/3/2020 6:06:00 PM		[REDACTED]
3/3/2020	Assigned to Booking by Mike Francis on 3/3/2020 7:01:08 PM		Mike Francis
6/11/2020	Assigned to None by Jonathan Padilla on 6/11/2020 2:07:56 PM		Jonathan Padilla
6/11/2020	Clearing queue		Jonathan Padilla
6/11/2020	Accepted by Jonathan Padilla on 6/11/2020 2:07:56 PM		Jonathan Padilla
6/11/2020	Closed by Jonathan Padilla on 6/11/2020 2:07:58 PM		Jonathan Padilla
3/5/2020			Submitted
3/5/2020	Submitted by [REDACTED] on 3/5/2020 12:30:19 PM		[REDACTED]
3/5/2020	I want a paper copy of my recent greivences and i want them forward to charelston and proof of the forward i do not accept the answer and want an appeal on them		[REDACTED]
3/5/2020	Assigned to Grievance by [REDACTED] on 3/5/2020 12:30:19 PM		[REDACTED]
3/5/2020	Assigned to Counselor by Angelina Athey on 3/5/2020 5:02:20 PM		Angelina Athey
3/6/2020	Assigned to James Barnett by Jayme Martin on 3/6/2020 10:09:51 AM		Jayme Martin

## Workflow Interaction

### Grievance

Created	Issue ID	Resident	Current Status
Action	Comment		Updated By
3/5/2020			Submitted
3/5/2020	Submitted by [REDACTED] on 3/5/2020 12:38:16 PM		[REDACTED]
3/5/2020	on wensday march 4th around 6 to 7 am during trays the officers attacked my cellmate while in the cell and sprayed him with pepper spray. after he was removed i had to clean up the pepper spray on my mat that is on the floor and off the floor my self. i asked the co on the box to please let us out of the cell that had just been filled with pepper spray so we wasnt suffering he too fucking bad not my problem i asked for a gold badge and was told the same thing. we was left in the room with pepper spray for hours it is all on camera [REDACTED] cell [REDACTED] i want a paper copy of this and i want a copy sent to charleston and proof of this.		[REDACTED]
3/5/2020	Assigned to Grievance by [REDACTED] on 3/5/2020 12:38:16 PM		[REDACTED]
3/5/2020	Assigned to Counselor by Angelina Athey on 3/5/2020 5:03:23 PM		Angelina Athey
3/6/2020	Assigned to Larry Warden by Jayme Martin on 3/6/2020 10:10:14 AM		Jayme Martin

## Workflow Interaction

### Grievance

Created Action	Issue ID Comment	Resident	Current Status Updated By
3/6/2020			Closed
3/6/2020	Assigned to Grievance by [REDACTED] on 3/6/2020 4:00:14 PM		[REDACTED]
3/6/2020	on friday march 6th we was denied our purchased hygiene and communication items we are required to purchase through keefee i want a copy of policy where you have the right to deny our purchased hygiene and communication items because you want to mass punish a detox pod. i want paper copies of this greivence and i want it forwarded to chareleston. i will also be having a call placed to chareleston regarding this situation and the incident where we was locked in a cell for several hours with pepper spray all over it with no way to clean ourselves or our cell that occurred on march 4th. And according to policy yoy must answe any grievence within 72 hours with option to appeal and this is not being followed i will be greiving this as well and sending it to chareleston.		[REDACTED]
3/6/2020	Submitted by [REDACTED] on 3/6/2020 4:00:14 PM		[REDACTED]
3/6/2020	Assigned to None by Mike Francis on 3/6/2020 5:19:02 PM		Mike Francis
3/6/2020	The Facility does NOT have to provide commissary AT ALL. If that is what you want LET ME KNOW. The next time I come into [REDACTED] and see the amount of windows covered that I did Wednesday, You will not ONLY lose commissary for the week, but I will take out the TV and SHUT down ALL PHONES Also THREATENING a Superintendent will place you in AD SEG		Mike Francis
3/6/2020	Accepted by Mike Francis on 3/6/2020 5:19:02 PM		Mike Francis
3/7/2020	Closed by [REDACTED] on 3/7/2020 6:44:37 AM		[REDACTED]



## Workflow Interaction

### Grievance

Created	Issue ID	Resident	Current Status	Updated By
Action	Comment			
3/7/2020			Closed	
3/7/2020	Assigned to Grievance by [REDACTED] on 3/7/2020 6:53:33 AM			[REDACTED]
3/7/2020	so you are threatning me with ad seg because you and your officers dont want to do there job? i have evey right to the greivence process without fear of retaliation as you have just stated you will illegally inflict upon me. please keep threatning me for using the official dcr process as indicated by policy. I never threatened you in any way i simply stated that i can and will be using the official process set by dcr and you in turn threatened me with ad seg. I want a copy of all responses and greivences and as per policy i officially want to appeal your response to my greivance on march 6th concerning your denial of hygiene and stamps and envelope and you threatning me with punishment by using the official dcr greivence process..			[REDACTED]
3/7/2020	Submitted by [REDACTED] on 3/7/2020 6:53:33 AM			[REDACTED]
3/7/2020	Assigned to None by Mike Francis on 3/7/2020 1:10:27 PM			Mike Francis
3/7/2020	I have told you once and for the last time. Policy Directives cannot be grieved. I explained to you very clearly that if you needed writing materials or stamps you can get them through a counselor. Because you do NOT want to follow Facility rules of order Yes you can be placed into AD SEG. Unfortunately you are in the Facility because you do not want to follow the rules of society. You will follow the rules of the Facility or you will face consequences			Mike Francis
3/7/2020	Accepted by Mike Francis on 3/7/2020 1:10:27 PM			Mike Francis
3/7/2020	Closed by [REDACTED] on 3/7/2020 2:49:25 PM			[REDACTED]

## Workflow Interaction

### Grievance

Created	Issue ID	Resident	Current Status	Updated By
Action	Comment			
<b>7/12/2020</b>			<b>Closed</b>	
7/12/2020	Assigned to Grievance by [REDACTED] on 7/12/2020 11:21:27 AM			[REDACTED]
7/12/2020	i have been asking for a id for over 2 weeks now and have not recieved one and i cannot get commissary or indigent as a result.			[REDACTED]
7/12/2020	Submitted by [REDACTED] on 7/12/2020 11:21:27 AM			[REDACTED]
7/12/2020	Assigned to Booking by Mike Francis on 7/12/2020 8:12:10 PM			Mike Francis
7/14/2020	Assigned to None by Jonathan Padilla on 7/14/2020 3:07:36 PM			Jonathan Padilla
7/14/2020	Your request has been received.			Jonathan Padilla
7/14/2020	Accepted by Jonathan Padilla on 7/14/2020 3:07:36 PM			Jonathan Padilla
7/14/2020	Closed by Jonathan Padilla on 7/14/2020 3:07:39 PM			Jonathan Padilla
<b>8/21/2020</b>			<b>Rejected</b>	
8/21/2020	Submitted by [REDACTED] on 8/21/2020 11:06:00 PM			[REDACTED]
8/21/2020	I was perscribed 10 milligrams of lexapro at night by the mental health doctor Melanie Weaver on 8-10-2020 and have yet to receive a single dose over 10 days later. I would like to get my perscribed meds asap please.			[REDACTED]
8/21/2020	Assigned to Grievance by [REDACTED] on 8/21/2020 11:06:00 PM			[REDACTED]
8/22/2020	Assigned to Medical by Mike Francis on 8/22/2020 6:24:20 PM			Mike Francis
1/21/2021	Rejected by Prime Care on 1/21/2021 1:28:16 PM			Prime Care
1/21/2021	Please fill out a NSC if this is still an issue. Queue Cleared			Prime Care
1/21/2021	Assigned to None by Prime Care on 1/21/2021 1:28:16 PM			Prime Care

Total Number Of Issues for Workflow : 10

# Workflow Interaction

Between 1/1/2020 and 12/31/2020 for Southern Regional Jail, WV

Resident: [REDACTED]  
 Current Location: [REDACTED]  
 Resident ID: [REDACTED]

## Grievance

Created Action	Issue ID	Resident	Current Status	Updated By
1/2/2020	[REDACTED]	[REDACTED]	Accepted	
1/2/2020	Submitted by [REDACTED]	[REDACTED]	on 1/2/2020 10:36:57 PM	[REDACTED]
1/2/2020	was never given a id card and need it to get committee tomorrow			[REDACTED]
1/2/2020	Assigned to Grievance by [REDACTED]	[REDACTED]	on 1/2/2020 10:36:57 PM	[REDACTED]
1/3/2020	Assigned to Jerald Hawkins by Mike Francis on 1/3/2020 6:15:09 AM			Mike Francis
7/17/2020	Accepted by Jerald Hawkins on 7/17/2020 2:12:47 AM			Jerald Hawkins
7/17/2020	Assigned to None by Jerald Hawkins on 7/17/2020 2:12:47 AM			Jerald Hawkins
1/3/2020	[REDACTED]	[REDACTED]	Closed	
1/3/2020	Assigned to Grievance by [REDACTED]	[REDACTED]	on 1/3/2020 5:45:51 AM	[REDACTED]
1/3/2020	need my id to get my committee today can not get officer or bookin to help			[REDACTED]
1/3/2020	Submitted by [REDACTED]	[REDACTED]	on 1/3/2020 5:45:51 AM	[REDACTED]
1/3/2020	Assigned to Booking by Mike Francis on 1/3/2020 6:14:40 AM			Mike Francis
1/3/2020	Assigned to None by Justin Davis on 1/3/2020 11:30:16 AM			Justin Davis
1/3/2020	Where is the id you were issued when you were booked into the facility?			Justin Davis
1/3/2020	Accepted by Justin Davis on 1/3/2020 11:30:16 AM			Justin Davis
1/3/2020	Closed by Justin Davis on 1/3/2020 11:30:17 AM			Justin Davis

Total Number Of Issues for Workflow : 2

ONE STAPLE ONLY

WVDCR Policy Directive 336.00  
15 February 2020  
Attachment C  
GENERAL INFORMATION

WVDCR Inmate Grievance Form

Grievance No. 20 [redacted] 824

[redacted]  
Inmate Name

OID #

1 10 20  
Date of Grievance

Date Nature of Grievance / Issue to be addressed (Note: 1 issue per grievance be concise file with Director of Inmate Services.  
**NO WRITING ON BACK:** Hand - Contaminated Soap

Relief Sought (State what you want):  
Hand Soap

(The inmate may attach one 8.5 x 11 sheet if necessary, at this level only)

Inmate's Signature

Director of Inmate Services Response (attach additional sheet if needed)

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: 9/11/20

Response on Merits if accepted:

The CDC has reported that there are no additional  
benefits to using antimicrobial soap versus regular soap  
if a person washes correctly

Signature

Involved: \_\_\_\_\_ (If no initials and give copy to Director of Inmate Services) . Appealed to Superintendent \_\_\_\_\_ (initials) Date: \_\_\_\_\_

If no response at initial level is included the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 336.00.

Inmate's Signature

Date

Action by Superintendent:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_

Response on Merits if accepted:  Escalated to Unit for further action  Affirm unit and/or deny grievance  Grant the Grievance as specified

(Attach additional sheet if necessary)

Superintendent's Signature

Date

Involved: \_\_\_\_\_ (If no initials and give copy to Director of Inmate Services) . Appealed to Commissioner \_\_\_\_\_ (initials)

If no response at Superintendent's level is included, the inmate certifies that he/she has tendered this grievance as indicated above and no response has been issued at that level within the time frames set forth in Policy Directive 336.00.

Inmate's Signature

Date

Action by Commissioner:

Accepted  Rejected  Reason for rejection: \_\_\_\_\_ Date: \_\_\_\_\_  
Response on Merits if accepted:  Affirm Superintendent and deny grievance (After final story)  Other, none attached.