EXHIBIT A

## CORRECTIONAL MANAGED CARE CLINIC NOTES - NURSING

Patient Name: ZOLLICOFFER, JOSHUA TDCJ\#: 1138161 Date: 03/29/2007 22:13 Facility: ALLRED

- e: 23 Years Race: B Sex: Male
st recent vitals from 02/20/2007: BP: $156 / 90$ (Sitting) ; Wt: 193 Lbs.; Height: ; Pulse: 91 (Sitting) ; Resp: 18 / min; Temp: 98.8 (Oral) Allergies: NO KNOWN ALLERGIES

Patient Language: ENGLISH Name of interpreter, if required:
Today's Problem: ALLEDGED SEXUAL ASSAULT
S: I/M STATES WAS SEXUALLY ASSAULTED BY ANOTHER I/M. STATES WAS ANAL PENETRATION ONLY
O: HEAD TO TOE ASSESSMENT DONE. DRIED SECRETIONS TO ANAL AREA NOTED. VERY SMALL ABRASION NOTED TO TOP OF HEAD. I/M TOLD CHAPLAIN HE IS HAVING SUICIDAL IDEATIONS.

A: TAO FOR ABRASION, SAMPLE AND CONTROL OF DRIED SECRETIONS TAKEN USING STERILE Q-TIP DIPPED IN STERILE NS.
Plan is as follows: SAMPLES GIVEN TO MS. DIAMOND, OIG, ON CALL PSYCH PHYSCIAN NOTIFIED.

Electronically Signed by REMMERT, LINDA J R.N. on 03/29/2007.
\#\#And No Others\#\#

1 of 1

## Correctional Managed Care

MENTAL HEALTH SELF HARM RISK ASSESSMENT
Patient Name: ZOLLICOFFER, JOSHUA TDCJ\#: 1138161 Date: 03/30/2007 10:52
F lity: ALLRED ECB
. . 23 Years Race: B Sex: Male
Most recent vitals from 02/20/2007: BP; 156/90 (Sitting) ; Wt: 193 Lbs.; Height: ; Pulse: 91 (Sitting) ; Resp: $18 / \mathrm{min}$; Temp: 98.8 (Oral)

Allergies: NO KNOWN ALLERGIES
Patient Language: ENGLISH Name of interpreter, if required:

## SELF-HARM RISK ASSESSMENT (SHRA)

## PRIOR TO THE INTERVIEW:

Summarize TDCJ self-harm gesture and threat history (particularly over the past year): Threats to harm self on 2/20/06 due to LID issues. Patient was released the next day.

For the PAST MONTH, describe any evidence of the following:
(1) Psychiatric decompensation, (2) Behavioral dyscontrol, (3) Significant stressors, (4) Self-harm ideations, threats or gestures. Patient somewhat distressed at the present time. Patient was allegedly sexually assaulted last night and was placed in psych observation as a precaution. Patient dienies self harm ideations but does not feel comfortable returning to a cell with a cellie.

## S) INTERVIEW QUESTIONS:

1. Are you having any thoughts of hurting yourself now or in the future?
$x$ NO (If "NO" then skip to: "Interview Evidence of Psychiatric Decompensation")
YYES (If "YES" then continue)
2. What's causing you to think about hurting yourself?
3. What would you use to hurt yourself? (Note if offender currently has access to means)
4. Tell me about your plan, and when are you're planning on doing it?
5. Are you planning on giving away any possessions?
$\qquad$ NO
YES (If, "YES" then ask, "Have you already given them away?", "Who did (will) you give them to?")
6. Will you write a suicide note?
$\qquad$ NO
YES (If "YES" then ask, "Have you already written it?", "Who did (will) you give it to?")
7. What might happen that could keep you from hurting yourself? (Religion, family, or other reasons)
8. What else you would like to tell me about your thoughts of hurting yourself?
9. Will you agree to tell staff before you actually hurt yourself?
0) Interview Evidence of Psychiatric Decompensation (Describe): Patient is alert and oriented. Behavior is cooperative and polite. Eye contact is good. Speech normal in rate but soft in volume. Mood is concerned. Affect restricted. Thinking is clear and goal-directed. Insight and judgment is limited. Memory is intact.
A) Summary of Risk and Rationale for Recommendations: Patient denies thoughts of self harm but is scared about returning to a house with a cellie. His risk for self harm is low at this time.

## P) Specific Recommendations:

$x$ A more restrictive environment IS NOT NEEDED at this time. A more restrictive environment IS NEEDED at this time.
Other recommendations: Consulted with Lt. Otto, ECB staff, and advised of discharge and housing concerns. He stated that he understands and at this time there is an OPI in progress. He expects patient to be moved to 11 building.

The following staif members were notified (If a more restrictive environment is recommended):

EXHIBIT \%

## Texas Department of Criminal Justice

OFFICE USE ONLY Grievance \#: 2014040489 Date Received: $\frac{11-6-13}{12-16-13}$
Grievance Code: $\qquad$
Investigator ID \#: T 1477
Extension Date: $\qquad$
Date Retd to Offender:

> You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
> Who did you talk to (name, title)? MAJCR MAREL When? $11-4-13$
> What was their response? "I EENY EOUR REQUEST FOR SAFE KEEPINea...
> What action was taken? Nu, Ne

State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate



 W. JOL VEワ. The REASO, Why I Nh S ASSAULEED WAS GECAUSE I AM A WOMDSENUR \& PASSVE. YET, I WAS









 THE SAFEEY OF oThERS CAR CONSTIUTE CRUEL WUUSUAL PUNISLMMENT.... THOMAS STOKES V. EUDA DRLCAMBRE

 Rrasoders!"




 sAfe keepualca:~ Offender signature: fosters $\because$ ). Fo (V) coffer $\qquad$
Grievance Response:

You did not meet the criteria to be placed in safekeeping.


If you are dissatisfied with the Step 1 response, you may submit a Step $2(1-128)$ to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.
Returned because: *Resubmit this form when the corrections are made.1. Grievable time period has expired.2. Submission in excess of 1 every 7 days. *3. Originals not submitted.4. Inappropriate/Excessive attachments. *5. No documented attempt at informal resolution. *6. No requested relief is stated. *7. Malicious use of vulgar, indecent, or physically threatening language. *8. The issue presented is not grievable.9. Redundant, Refer to grievance \# $\qquad$10. Illegible/Incomprehensible, *11. Inappropriate. *

## UGI Printed Name/Signature:

$\qquad$
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$


I-127 Back (Revised 11-2010)

# $7.57 B$ <br> Texas Department of Criminal Justice STEP 2 <br> <br> OFFENDER <br> <br> OFFENDER GRIEVANCE FORM 

 GRIEVANCE FORM}
Offender Name: JoshuA D. Rolliccefer TDCJ \#\|3 all
Unit: Housing Assignment: $\mathbb{U 1}$ - PUD -10
Unit where incident occurred:


You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step 1 because...






 some rn s.









## Offender Signature:

Grievance Response:

## You are currently housed at the Robertson Unit due to a unit transfer for an Offender Protection Investigation conducted on 11/20/13. Appropriately assigned. No further action warranted by this office.

## B. Armstrong, Asst. Reg. Director

January 30, 2014

Signature Authority:


Date: $\qquad$

Returned because: *Resubmit this form when corrections are made.

1. Grievable time period has expired.2. Illegible/Incomprehensible.*3. Originals not submitted. *4. Inappropriate/Excessive attachments.*5. Malicious use of vulgar, indecent, or physically threatening language.6. Inappropriate.*

CGO Staff Signature: $\qquad$

## OFFICE USE ONLY

Initial Submission CGO Initials: $\qquad$
Date UGI Recd: $\qquad$
Date CGO Recd:
(check one) ___Screened ___ Improperly Submitted

Comments:
Date Returned to Offender:
$2^{\text {nd }}$ Submission $\quad$ CGO Initials:

Date UGI Recd: $\qquad$
Date CGO Recd:
(check one) __ Screened __Improperly Submitted
Comments: $\qquad$
Date Returned to Offender: $\qquad$ $3{ }^{\text {red }}$ Submission CGO Initials: $\qquad$
Date UGI Recd: $\qquad$
Date CGO Recd:
(check one) __ Screened __Improperly Submitted
Comments:
Date Returned to Offender: $\qquad$

EXHIBIT \&

Grievance \#: OFEICE USE ONLY

Date Received:
Date Due:


Grievance Code:


Investigator ID \#: 10774
Extension Date:
cone Date Retd to Offender: NO! 2 5 2033

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.


What action was taken? +sene.
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate OSTLIE DATE OF $11-19-13$ IWASTAKEN IN FRONT OF TLIE UNI CLASSIFICATION COHMMTHEE FOR ZN OPS TLATIFILES ON $11-14-13 \ldots 5$ TM I LOMOSEXNIL OFFENDER WHO













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EFISONERE.


Date: $1 k-19-13$
Grievance Response:
You were seen by UCC on 11/19/13 for an OPI. The committee did not find sufficient evidence to support your allegations. Due to lack of evidence you were released from transient and scheduled to move to the next available cell in your custody.

## RENE MALDONADO ASSISTANT WARDEN

Date: $/ / / 22 / 13$


Signature Authority:


If you are dissatisfied with the Step 1 response, you may submit a Step $2(\mathrm{I}-128)$ to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

## Returned because: *Resubmit this form when the corrections are made.

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$\square$ 2. Submission in excess of 1 every 7 days. *
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$\square$ 4. Inappropriate/Excessive attachments.
$\square$ 5. No documented attempt at informal resolution. *
$\square$ 6. No requested relief is stated. *
$\square$ 7. Malicious use of vulgar, indecent, or physically threatening language *
$\square$ 8. The issue presented is not grievable.
$\square$ 9. Redundant, Refer to grievance \#
$\square$ 10. Illegible/Incomprehensible. *
$\square$ 11. Inappropriate. *

## UGGI Printed Name/Signature:

Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$
I-127 Back (Revised 11-2010)

## OFFICE USE ONLY

Initial Submission
UGI Initials:
Grievance \#: $\qquad$
Screening Criteria Used: $\qquad$
Date Recd from Offender: $\qquad$
Date Returned to Offender:
$2^{\text {nd }}$ Submission UGI Initials: $\qquad$
Grievance \#: $\qquad$
Screening Criteria Used: $\qquad$
Date Recd from Offender: $\qquad$
Date Returned to Offender:
${ }^{3}$ [4] Submission
UGI Initials: $\qquad$
Grievance \#: $\qquad$
Screening Criteria Used: $\qquad$
Date Recd from Offender: $\qquad$
Date Returned to Offender: $\qquad$

Texas Department of Criminal Justice STEP 2

## OFFENDER GRIEVANCE FORM

Offender Name: Josung D. Iolite coffer TDCJ \#.i138ib1
Unit: ai-
Housing Assignment: $K-2-26, L K$
Unit where incident occurred: alt


You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step I because...
O 11.19 .13 I WENT UN FRUIT OF COMMITTEE EXPLDNUNE TOTLIEM TVA






 HOT EVEN 24 IWURS PFTEK ThE COMMITTEE I WAS ATTACKED PX Y OFFENDED WMD ViED IN S.L.46, WWOT IND FINED TUE OI ON IN THE


 408s?

 BuT BENV LEFT ar To BELIVRT + plaung Mi j phyjuicai well Bend Ir) DANGEFi. I. KERUEST iVNUSNAS ON SDFE K.EEPING.


Date: 11.26.13

You are currently assigned at the Robertson Unit due to a unit transfer for an Offender Protection Investigation conducted on 11/20/13. Appropriately assigned. No further action warranted by this office.
B. Armstrong, Asst. Reg. Director February 6, 2014

Signature Authority: $\qquad$ Date: $\qquad$
Returned because: *Resubmit this form when corrections are made.
$\square$ 1. Grievable time period has expired.
$\square$ 2. Illegible/Incomprehensible.*
$\square$ 3. Originals not submitted. *
$\square$ 4. Inappropriate/Excessive attachments.*
$\square$ 5. Malicious use of vulgar, indecent, or physically threatening language.
$\square$ 6. Inappropriate.*

CGO Staff Signature: $\qquad$

## OFFICE USE ONLY

| Initial Submission | CGO Initials: |
| :---: | :---: |
| Date UGI Recd: |  |
| Date CGO Recd: |  |
| (check one) ___Screened | Improperly Submitted |
| Comments: |  |
| Date Returned to Offender: |  |
| $\underline{2}{ }^{\text {nd }}$ Submission | CGO Initials: |
| Date UGI Recd: |  |
| Date CGO Recd: |  |
| (check one) ___Screened | Improperly Submitted |
| Comments: |  |
| Date Returned to Offender: |  |
| $3{ }^{\text {rad }}$ Submission | CGO Initials: |
| Date UGI Recd: |  |
| Date CGO Recd: |  |
| (check one) ___Screened | Improperly Submitted |
| Comments: |  |
| Date Returned to Offender: |  |

EXHIBIT '

## CORRECTIONAL MANAGED CARE CLINIC NOTES - NURSING

Patient Name: ZOLLICOFFER, JOSHUA TDCJ\#: 1138161 Date: 11/20/2013 08:15 Facility: HUGHES (AH)
Age: 30 year Race: B Sex: male
Most recent vitals from 11/20/2013: BP: 138 / 78 (Sitting) ; Wt: 175 Lbs.; Height: 68 In.; Pulse: 96 (Sitting) ;
Resp: 18 / min; Temp: 98.2 (Oral) BMI: 27
Allergies: (DO NOT USE RETIRED CODE)-TRAZODONE
Patient Language: ENGLISH Name of interpreter, if required:

## Current Medications:

SERTRALINE 50MG TABLET
1 TABS ORAL EVERY EVENING for 30 Days

ORDERING FACILITY: HUGHES (AH)
ORDERING PROVIDER: ALAM, SHANAWAR

COMPLIANCE: 20.90 \%
REFILLS: 5/11
EXPIRATION DATE: 5/23/2014 09:57:00AM

| SCR INITIATED? |  | YES | Date Received: |
| :--- | :--- | :--- | :--- |
|  | xx | NO |  |


| xx | Vital signs within normal limits |  |
| :--- | :--- | :---: |
|  | Provider notified - vital signs outside of normal parameters as <br> follows: |  |
|  |  |  |
|  | Blood pressure less than 90/60 or greater than 180/110 |  |
|  | Pulse less than 50/min or greater than 110/min |  |
|  | Temperature greater than 101F (oral) |  |
|  | Respirations greater than 22/min |  |

Today's Problem: brought into medical by security due to lacerations to facial area
S: pt states he was walking to chow (breakfast this am) and someone cut him
[it is believed to be a razor]
O: laceration to right facial area, 8 total with minimal depth, area cleansed, wet dressing applied, no other injuries noted, pt speaks in full and complete sentences, pt ambulated into clinic with even and steady gait, grips equal, PERRLA, Resp even and unlabored [pt instructed to take deep breaths in through nose and exhale slowly, pt complied] - pt in stable condition
facial area cleansed
lacerations to facial area, 5 requiring sutures, as described below:
1- top of right forehead, $51 / 2 \mathrm{~cm}$ long, closed with 8 sutures
2- above right eyebrow, $51 / 4 \mathrm{~cm}$ long, closed with 9 sutures
3- distal, outer edge of right eye, 4 cm long, closed with 7 sutures
4- below right eye, 5 cm long, closed with 8 sutues
5- below and to the right of $\# 4,5 \mathrm{~cm}$ long, closed with 4 sutues
3 less serious requiring dermabond, as described below:
1 of 3

## CORRECTIONAL MANAGED CARE CLINIC NOTES - NURSING

Patient Name: ZOLLICOFFER, JOSHUA TDCJ\#: 1138161 Date: 11/20/2013 08:15 Facility: HUGHES (AH)

1- top of right head, $<1 \mathrm{~cm}$, superficial laceration
2- top of right ear crease, 1 cm long, closed with dermabond
3- right check 1 cm long, superficial laceration

## Plan is as follows:

on call provider contacted
V.O.// J. Burleson MD // M. Gribble RN
provider informed of pt's lacerations and stable condition
have pt seen by unit provider on their arrival
consulted with unit provider
[T. Nasiotis PA]
decision made to close lacerations with sutures
area cleansed and provider placed the above noted sutures to close lacerations and dermabond to close the less
serious/severe lacerations, TAO applied and pt instructed to leave sutures in place and do not manipulate
dermabond or sutures lines - pt voiced understanding to all
refer to CID
last tetanus - 1-9-13
remove sutures x 6 days (Monday, November 25, 2013)
V.O. //T. Nasiotis PA // M. Gribble RN

Started Meds:

```
IBUPROFEN 600MG TABLET 16523934 11/20/2013 09:44
1 TABS ORAL BID PRN KOP
FINAL EXP. DATE: 12/20/2013 09:44:00AM REFILLS: 0 DURATION: 30 Days
CONFIRMED VERBAL ORDER
```

New Reminders Added:
NURSING SUTURE/STAPLE REMOVAL VISIT Due on 11/25/2013 07:00(remove sutures to right facial area per T. Nasiotis ).
pt did return to clinic stating he began to bleed - no active bleeding noted when pt arrived to clinic-no tx indicated
pt released to security and he ambulated out of clinic with even and steady gait
Procedures Ordered:

| Date Time | Description | Diagnosis | Comments |
| :--- | :--- | :--- | :--- |
| 11/20/2013 | \#NURSING LEVEL 3 COMPLETE VISIT | laceration | Special Instructions |
| 10:07AM | (F) | unspecified |  |

Electronically Signed by GRIBBLE, MARY J. R.N. on 11/20/2013.
2 of 3

I, ZOLLICOFFER, JOSHUA, TDCJID Number 1138161 request and consent to the following services and treatments at the Texas Department of Criminal Justice-Institutional Division


I understand the above documented treatments) or medications) are for the following conditions)


Scarring, Ba leading.
I recognize that some risks to my health and well being in the form of adverse effects from the above treatments) and/or medications(s) may occur Such effects have been explained to me I understand that potential adverse



#### Abstract

I have had the opportunity to ask questions and all of my questions have been answered to my satisfaction I believe I have adequate knowledge on which to base informed consent to the provision of the noted treatments) and/or medications) and accept the risks involved I understand I can choose to stop the treatment(s) / medications) at any time I also understand my provider can discontinue treatment for clinical reasons 1 am requesting and give my informed consent to the provision of the above treatments) and/or medications(s)




EXHIBIT (

#  Texas Department of CriminalJustice 



## STEP 1

OFFENDER GRIEVANCE FORM

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? SGT P.PICKET. What was their response? "TLMTS NOT MY PROB/EM"
What action was taken? NONE
State yourgrievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate GN The DATE OF $11,19 \cdot 13$ I WENT TO UCC FOR IA OPI FILED ON WY BELIALF ON $11-14-13$.
 a) $11-15-13$ AT ARQUND $8: 00$ A.M. DURINSS TLEINTERVIEW IWAS TOLD BY OFFICER DEELERS FLAT OUT TLAT M N ORDER FOR YOU TO GO TO SAFEKEEPING I LIALE TO FORWARD TLIS OPS TO SAFE PRISONV AND WF
 DISREEIARDED TLF FACT TLAT I AMA A MOMOSEXUAL OFFENA ER WLIO LIAS HAD SEVFRAL NCIIDENTS TAICE PLACE DUE TO TLAT FACT ANDIGLAT TLE SSLUE AT LAAND HASTO DO WITL A GROUP OF OFFENDERS TRyINE TO FORCEME TO PACIGE: PERFORMSEWUAL FAVORS FGR PROTECTION.-- UN TLIE DATE OF IIIG. AFTER SEEINE VLC IN FROANT OF UAARDEN/BLAN CLIARD, CAPT. SVGMTUND AND MIS. WALTERS OF. CLASSIFICATION I WAS SENT BACETO GENERAL POPULATION AFTER 2 'OCLOCE COUNT TO TLIE EXACT SAME POD AS TLIE OFFENDER LID FILED TLE OPI ONIN TLIE 1 ST PLACE, DURING (AST CLION ON 11.19 .13 工 SPOKE TO SGT. P. PICKET AND TOLD LIM TLIAT SINCE I BEEN ON TLIE POI WITh TLAS OFFENDER HEID ALRFADY SENT WORD BY GIS HOMEBGIS + TLIREATENED MF. SGT. PICKET ASKED ME WHIAT UCL DID ATDD AFTER I TOLD HIND LHE SAM, "ThEN, ITS NOT MY PROBIEM:" NOW, I HAVE NOT ONVY BEEN TLIREATENED. IIVE BEEN ASSAOLTEDAS WEIV By TLIS OFFENDER AND SOME OF LIS LIOMEBQYS... ON TLE MORNINE OF 11.20 .13 GN TLIE WAy TO BRFAKEAST I WAS ATIACKED EROM BELIND BY TLIS OFFENDER +2 MORE OIS MSGOMEBOYS. REDACTED HADARAZOR + COT ME STMESACROSS ILAE FACE WHICU REQUIKED SG JIT CLIES. ThLS IS A PESULT OF UNT CLASSIEICATION, UARDFA/GLANCUARD AND SEVERAL OFFICERS BEINE NEGUISENT W RCRESQ TLFIR DUTY. TLISLLA, CAUSED ME TO BE VICTIMIZED BY TLE SAME OFFFNIDERS TLIAT I WENTTL OEFICERS ANI ADMINISTRATION ABOT INTLIE 1 ST PLACF. WLHCL GOES TO SLIOW TLAAT TDCT DOES NOT CONTRA ITS GAALG INFLUENCET GENERAL DOPULATION ADEQURTEIY ENVUGUTO.
$\qquad$


Action Requested to resolve your Complaint. I REQVEST TO BE AllOWED TO FILE AN OPI AND TLAAI I BE
 Offender Signature:
 Date: $11 / 20-13$ Grievance Response:

An Offender Protection Investigation was conducted on 11/22/13. You were reviewed by Unit Classification Committee with the determination there was sufficient evidence to support your claims. Therefore, a unit transfer has been recommended and forwarded to State Classification Committee in Huntsville. No further action is warranted.
 ASSISTANT WARDEN State the reason for appeal' on the Step 2 Form.

## Returned because: *Resubmit this form when the corrections are made.

1. Grievable time period has expired.$\square$ 2. Submission in excess of 1 every 7 . days.
$\square$ 3. Originals not submitted.'*
$\square$ 4. İnappropriate/Excessive attachments.
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$\square$ 6. No requested relief is stated. *
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$\square$ 10. Illegible/Incomprehensible.
T11. Inappropriate. *
UGI Printed Name/Signature:
Application of the screening criteria for this grievance is not expected to adversely" Affect the offender's health.

Medical Signature Authority: $\qquad$


SUBMUTED AS STEPR L


Texas Department of Criminal Justice

Offender Name: TOSHUA
Unit: AH
Unit where incident occurred:
$\qquad$ Housing Assignment: 12-4-26 All

OFFENDER GRIIEVANCE FORM
$\qquad$


You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when?
appealing the results of a disciplinary hearing.
Who did you talk to (namy title)?
What was their respongt
What action was taken?
${ }_{2}$ State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate THE GUGLES UNIT ADMINISTRATVN HAS CONSISTENTLY SLIOWN DFLIBERATE DISREGARD TH MY SAFETY- I AM A HOMOSEXVAL OFFENDER WHO WAS BEEN/SEXUAlly ASSAULTED IAL ILAE PAST. ON $11-14-13$. I INFORMED OFFICERS TLAATI WAS BENNG PRFSSURED + TLIRFATEN By AN OFFENDER LLIS GANG LIORAEBOYS. AT TLE TIME IWAS LNINGI IN B.K. $30^{T}$. AFTG4 ElGNO AN OPI IWAS SFNT TO II BUMDNG PENDDNG OPI INUESTISATION ON II-19-13 E WAS. TAKEN-TU-UCC TLEAGAETERGMARD-RELEASED BACK INTO GENERAL POPULATION BL ALSO DIRECTLY ONTO ThE POD WIL TVE SAME OFFENDER WLIO MADE TLE TLREATS. SUMPLY RFCOMMENDING TLIAT IBE TRANSFFRED OFF OF TLE WNT ISNT ENOUEUTO ENSURE TUAT FAM NO CANSER VICTIMIED. BESAUSE TLE UNAS ADMINIJTRATIUN LAVE SKOWN IN TLIS INSTANCE TLIAT TLE EANNOT CORRETTY ASSESS TLIE TLIREAT TO MA QFEENDERS WEW BEINE.ALSO. IAN NOW PLACED INA POSTION WVAERE I LAAL NO FAITLIN TLE SYSTEMTLAT IS SET HP BECANSE FOR 1 TLE ORIGNAL OPI WAS NOT FURWARDED TO SAFE PRVONS. FURZ I WAS TOLD TO "GO FIELTAGAAM ÜLI SLOWS TLAQT TLE OFEICERS SENT TO IINNFSTLGATE TLIE OPF DIDNT THKE IT. SERIONSIY. BRI IWAS SENT TOBE HOUSED ON TLAE SAME POD AATTACKED. SO, TLE FORE I GAVE NO FRITK INTUE SYSTEM BECAUSE I FOIIOWED INSTRVETIONS IWAS' PLACED BACKINTO A POSITIO TO BE HILST. - KNOWNNOVY SO, IREQUEST SAFE KEFPL AWAY FROM THE GENERAL POPULATION OF OFFGNDERS TLAATHALE UICTAMIZED MF wILL COUTINUS TO DO 50 . BECAUSE TLE ALFREID D. WUELLES WNTS AD MINISTRATION HAS SHOWN/ME TWAT REPORTIN SEXWAL HARRATSMENT, EXTORTION, RAPE OR ASSAULT MEANS NOTLINET TOTHEM. IHAVE NOWKARE TO FO FOR HELPI INAS DENIED AN OPDOETUNITY TOSPEAK TO DIE. I FLLED ON TLIN EXACT. SAME OFFEN



If you are dissatisfied with the Step 1 response, you may submila Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the dite of the Step 1 respons State the reason for appeal on the Step 2 Form.
Returned because: *Resubmit this form when the corrections are made.1. Grievable time period has expired.
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UG1 Printed Name/Signature: $\qquad$
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.
Medical Signature Authority:
1-127 Back (Revised 11-2010)

## EXHIBIT <br> 



FHEIOS.
 WISTCTANCE FROM YUUR OFFICE.

 WANAL SEX. I RETERTEL TLISTO OFFICERS AMD WAS ATSAULTED SYTLIS

 FREFNDS MADF SFVFRAC FOROADS AND CLFADFD TOTLIC UNISADNUNISTKATM.J
 TOTLE SMILEUNT.




 REFORT M Y FROSIEME, YET AFTER REPORTUE TLE PROBIENIS TLGLIVE FNUUGUEN
 BLOCK ASTLF OFFENDEKS $\triangle D$ ITT REPORTED UN.

## REDACTED






## 



 TU AWATT OPI INVESTIEATION GAV DUEVE TLH I.UVEJIEMTIUN ON 11-15-13 I WAS TULD TH Ene AND FKGHT.

ON 11-19-13I WEWT TOUN FRUNT OF ASTITANT WAKDEN
 SELERIT UF NLI COMPLANTS AND TLATMYLIFEKNDANEIK:TLNY SAMTLMT THY fHE NOACTICN ItWUN IAKE RACF ANO NO FFFORT WAS MADE TO
 ONTLIF EXACT SAME PODREDACTED WPON GONE TO LAST ClMW







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## 





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## ReDACTED

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TLF MC DFNT UAS GILFNイ゙NINEMFNT平
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## REDACTED <br> 

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## REDACTED <br> REDACTED












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TOSLUA D．ZOLCSCOFFER FI $1138 / 61$

EXHIBIT *
iOPy - of
Texas Department of Criminal Justice

## STEP 1

## OFIFENDER GRIEVANCE FORM


ces


You must try to resolve your problem with a staff member before you submit a formal complaint．The only exception is when appealing the results of a disciplinary hearing．
Who did you talk to（name，title）？ASSISTANT WARDEN BONZALEZ When？ $4-7-14$ UCC． What was their response？＂You DONT MEET REQVIREMENTS＂．． What action was taken？RESOMMENDATIUN FOR UNIT TRANSFER
State your grievance in the space provided．Please state who，what，when，where and the disciplinary case number if appropriate QN ThE DATE OF $Y-7-14$ IWENT TO VEC IN FRONT OF WARDEN GONZALEL IN REEARDS TO AN OPI FILED GN MY BELALF BY HIE SAFE PRISONS OFFICE ON 3－27－14．TLE OPI STEMMED FROM SEVERAC INCIDENTS BEING REPORTED TO TLE PRFA GMBUDSMAN OF EXTORTION，TLIREATS OF VOLEN VE \＆TLIRGATS OF RAPE BIJ TLIE CRIPSGN TLIE ROBERTSGN UNT ON RETALATION FOR PRESSAVG CLARGES GNA KNOWN CRIP WhO USED TO BE LHOVSD GNT TVE ROBERTSON UNIT NAMED FORTLE SERIONS ASSAUCT ONME WITLA WEAPON ION II－20－13，IN RETALIATION FOR REPORTIVG ON HINA FOR ATTEMPTW HO TO FORCE ME TO HAVE SEX WITL HIM．（SEE NVIDENT \＃REDACTED） AISOSEE STEP I＋STEP 2 GRIEVANCE 开 2014048625 AND 2014049246 RESPECTIVEVY．）－ypun BUINO TO ULC IN FRONT OF WARDEN GONVAIER I WAO TOLD THAT I DONT MEET REQUREMFNTS FUR HOUSIN ONSACEKEEPNGA＋MY REQVEST WAS DENIED．EVONTHONGU TLETDCJ CLASSIFICATION PLAN CLEARLY TTATES THAT＂SAFEKEEPINGLELEIS PI－PS WILL BE ASSIGNED TO OFFENDERS WLHO REQVIRE SEPERATE HOUSING W GENERAL POPVIATION BECAVIE OF TLIREATS TO TLEIR SAFETY DVETO OEFENDER ENEMIES，A MISTORY OF SOD DEVIANT SEXUAL BELIAVIOR，A POTENTLAL FOR VICTIMI－ ZATIONOR OTLER SIMILAR REASON $\sqrt{S} . .1$ II AM AIFNSWN HOMDSEXUAL WHOLAS BEEN A DECVMENT ED VICTIM OF SEXVAL ASSAULT 3－27－07 AN ASSAULTW／A WEAPGN II－20－13 AS WEII AS NUMEROUS OPIS FILED ONMY BELIALF，AIIROOTED INTLEFACT THATIAM A HOMOSEXVAL HOUSED IN TLE WRZE GAVG NFLUENEED GENERAL PUPULATION OF OFFENDERS．I WASTOLD BY WARDEN GONZAIEE THAT LISREASONS FOR NOT MAKING TLIF RFCOMMENDATION WFRE BERAVSE OE DISCIPLN ARY NFRACTIONF．OFFGNDERSAFETY IS A RIGUT，NAT A PRIVICEDGF AND TLIFRE ARF SEVERAL OEFENDERS WhO ARE HOUSED ON SAFE KEEPING WHOVE HAD WAY MORE VNIENT DISCIP L MARY INFRACTIONS THAN MY MEAGER 3 FIELITS \＆ 4 TLIREATENING AN OFFICFR CASESIN 12 YEARS． IHAVEBEEN TLE VIGIM OF I DOCUMENTED CRMES DURINGMY CONFINEMFRT．TUST RFECOMAMN－ DING THAT LBE TRSNSEED TO ANOTLER UNIT WILLNOT ENGURE MY SAFETY，JIST AS IT DIONOT

I－127 Front（Revised 11－2010）YOUR SIGNATURE IS REQUIRED ON BACK OF THIS FORM AM OFFENDER WITH "POTENTIAL FOR VICTIMIZATION", OThERWISE I WOULONT BE CONSTANTLY VIETMIZED \& TLREFATENED BY OTLIER OFFENDERS, which IS CIEARLy

A STATED REQUIREMENT FOR HOUSING IN SAFE KEEPINEN.

Action Requested to resolve your Complaint.
I REQUEST THAT A RECOMMENDATION BE MADETO HOUSEMEON SAFE kiffping to fwo:i) FURTLIER VIGTIMIZATLONIN TLLE FUTURE,


Date: $4-9-14$ Grievance Respond:

An investigation has been completed by unit administration. You were reviewed by the UCC on $04 / 07 / 14$, and recommended for unit transfer. You will remain housed in transient status until a decision has been received from the SCC in Huntsville. You are not eligible for safekeeping status based on your aggressive and assaultive disciplinary history.

## Signature Authority



If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal of the Step 2 Form. A (1) lo (O)
Returned because: ${ }_{*}^{*}$ Resubmit this form when the corrections are made.
$\square$ 1. Grievable time period has expired.2. Submission in excess of 1 every 7 days. *
$\square$ 3. Originals not submitted.
$\square$ 4. Inappropriate/Excessive attachments. *
$\square$ 5. No documented attempt at informal resolution.
$\square$ 6. No requested relief is stated. *
$\square$ 7. Malicious use of vulgar, indecent, or physically threatening language. *
$\square$ 8. The issue presented is not grievable.
$\square$ 9. Redundant, Refer to grievance \#
$\square$ 10. Illegible/Incomprehensible. *
$\square$ 11. Inappropriate. *
UGI Printed Name/Signature:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$

## OFFICE USE ONLY

Initial Submission
UGI Initials: $\qquad$
Grievance \#:
Screening Criteria Used:
Date Recd from Offender:
Date Returned to Offender:
$\underline{\text { ned }}$ Submission
UGI Initials:
Grievance \#:
Screening Criteria Used:
Date Recd from Offender:
Date Returned to Offender:
3 ${ }^{\text {ri l }}$ Submission
UGI Initials:
Grievance \#:
Screening Criteria Used:
Date Recd from Offender:
Date Returned to Offender:



You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be Specific). I am dissatisfied with the response at Step I because...
IM RESPONSE TO JTEPI GREVANEFF ZOV4IZSZ37 - AN OFFENDERS SAFETU AGAINVT ExTORTION, RADE + ASSAULT AT ThE HANDS OF GLLFR OFFENDERS IS A RIGLIT, NOTA A PRIVELEDGE. I AM TOLD TLATT I HAVE ANV ASSAVLTVE DISCIPLiNARYHLISTORY WhICMIS Why I WAS REFUSED A RECOMMENDATION FOR HIVSIVE ON SAFE KEEPING. WHEN IN FACT I ONLY HALE 1 ASSAVCT CASE DURING My WhOIF INVARCERATION WLISU WAS 3/26/04, OVER 10 YFARS AEOO GET, DURINE MI INGARLERATION I HANFBEEN RAPED, HAD MY PREPERTYTAKFN FROM ME BY OFFENDERS, ASSAULTED WITLIA WFA PON/BYA ENOWN FANEG MEMBER AIVD TLIREATEND CONSTANTly WITLMM LIFE WITL AII ISSUES BEINRG RCUTED INTLE FACT TLAT I AMA LGMOSEXUAL OFFENDER LOUSED IN TLIE GANG
 RECOMME:NDINS TLAT I BE TRANSFERRED TO ANOTLER UNITS GFNERAL POPMATION TO FACE TLAF SAMF PROBIEMS IS NOT FNOVALITO RECTIFY TLIF PROBIEM WLICL HAS BEEN PRELALEMT + DOCUMENTED THRCNAGHONT MY TIME BN TDC. SAFE KEEPINK: LAS CUSTDUDY LEVELS PIT-PS FOR TLIE RGASON OF OFFFNDERS WHW MAM DISTIPLINARIES. THEREFORF THERE IS NO REASON THAT I CANT BE RECOMMENDED TU BE LIOUSED TLERE. CAM lEFT TO FEFL AS If TDOJ IS SySTEMATICAMy DISCRIMINATINE AGAINST MYJELF AN:D OTLER AFRICAN AMERICAN OFFENDEES EROM BEING HOUSED IN A SAFE FNVIRONMENT: IIVE BEEN ASSAULTEI, RAPED, TUREATENED WIGI RAPE AND HARM. I. WEED HELP. I REQUES TO BE HOVEDED GN/ SAFE KEEPINV.


A thorough investigation was conducted concerning your allegations. An Offender Protection Investigation was conducted concerning your allegations on 04/01/14. You were seen by UCC on 04/07/14 in which the committee recommend unit transfer due to potential victim of assault. Recommendation for unit transfer was submitted to SCC for approval; however, on 05/25/14, recommendation was denied. Investigation was reviewed by Warden Gonzalez in which there were no concerns noted.
No further action warranted by this office.

Signature AuthBriAymstrong


Date: 05/30/14

Returned because: *Resubmit this form when corrections are made.

1. Grievable time period has expired.2. Illegible/Incomprehensible.*3. Originals not submitted. *4. Inappropriate/Excessive attachments.*
2. Malicious use of vulgar, indecent, or physically threatening language.
3. Inappropriate.*

CGO Staff Signature: $\qquad$

OFFICE USE ONLY


EXHIBIT +
TEXAS DEPARTMENT OF CRIMINAL JUSTICE - INSTITUTIONAL DIVISION INMATE REQUESTTO OFFICIAL

ACE FR1


[^0]
## EXHIBIT ,

# Texas Department of Criminal Justice $12 B-29$ STEP 1 <br> OFFENDER GRIEVANCE FORM 

Offender Name: JOSLIVA D. ZOLLICOFFER Unit: R13 Housing Assignment: TDCJ\# //38/61 Unit where incident occurred: $R B$


You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? ASSISTANT WARIDEN BANZAIE2 (PERSCNAL LETTER) When? 5-5-14 What was their response? NaNE.
What action was taken? NONE.
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate TDCJ IAFE PRISONS POLICY STATES, "TDGTSHAIIBE VIGINANT INESTABLISLIVEA A SAFE FNUIRONMENT FUR STAFF AND OFFENDENES AT AII CORRECTIQNAL FACMITIES. ENORY ATTEMPT SLUII BE MADE TO REDUE INGIDENTS OF EXTORTION, PROTELT OFFENDERS WHO AEE AT INEREASED RISK OF LARM BY OTLIERS, TAKE I PROACTIVE APPRODACM TO PREVENT SEXUAL AISUSE OF OFFENDERS.: I AM A LWMOSEXUAL OFFENDER WTh A FEAMNINE ALIAS WHO'S HAD SELERAL ON GO:VG AND WEA DOCUNENTED PROBLEMS DURINK MY RONFINEMENT N TIDGJ: IIVE BEEN/SEWAIIY ASSAULTED INTLE PAST, AS WEII AS ASSLULTED WITLA WİAPON BY A GANS AFFILIATED OFFENDER ATTEMPNNB TO EXTORT ME. I WROE A PERSONAL LETTER
 FOR FEAR OE TLE SAME PROB/EMS ARISINGINTHE FUTURE. ITS BEEN SLIOWN ThAT AII OF MY PROBLEMA ARE ROCNTOD IN TLE FACT TLAT I AM A HOMOSEXVAL OFFENDER LOUOED IN TLE ELANG INFLUENUE SENVERAL POJULATIUN OF OFFENDERS. DDCJ DUES NOT MONITOR OR CONTROL STS EANJG INFLLERULEO SGENERAI POPULATION OF OFFENDERS ENOUGUT TO KEEP ME SAFE AND AS A HOMONE NR L IN TLAT EUNIRONMENT IMM AN OFFENDEE WHO IS, "AT WEREASED RISK OF GARM BY GTLIERS!" IVEBEEN TRAUMATIZED BY PAST EXPERIENCESAND FEAR REPEATINAG TLEM, TLIS CAN ONLIGBE RECTIFED.
 VICTIMIZE ME, TLOVGU I AM NOU TKANSIGNT STATUS AWAITWG UNTT TRANSFER FORA RECOMMENDATIGN OF UNIT TRANJEER ON 4-7-14 TLTE PROBLEN IS NOT RECTIFIEID. SAFE KEEDING LAS CUSTOQY LEVELS e1-PS JJST AS GENERRL POPUUTION LAS GI-G5 TO LIOUSE DFFENDERS IN NEED OFMDRE RESTRICTIVE HOUSINE DUETU DISGIPLINARIES. SO, BARRINEO ME FROM A RECOMMENDATION FUR
 SEXVAL WhOSE BEEN/VISTIMIZED AWDFFAR FURTLER VICTIMIZATION AT TLIE WANDS OF EQAVO AFFILIATED OFFENDERS IN RENERIL PODUNTION BECAUSE OF TLAT FACT. I CANT FIGUT TLIEMAII. IFEAR TLASI WIL BE EXTORTED, ASSQULTED FFORCED TO DUI TLNES SEXVAIIY IDONT WANT TO DO.

Action Requested to resolve your Complaint.
ACtion Requested to resolve your Complaint ME SARE LEEPINEG BE FGRUARDEDTO STATE CLASSIFILATON AND LET Them DELIDE WHETLER CR NOT I MEET, REQVIREMENTS.
Offender Signature: 5 asher: $5-6-14$

## An investigation has been completed by unit administration. You were reviewed by the UCC on 4/7/14, and recommended for unit transfer. Your request for safekeeping status was denied due to your history of disciplinaries involving assaultive and/ or aggressive behavior.

Signature Authority:


If you are dissatisfied with the Step 1 response, you may submit a S ep 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form. Warden Gonzales

## Returned because: *Resubmit this form when the corrections are made.

$\square$ 1. Grievable time period has expired.2. Submission in excess of 1 every 7 days.
$\square$ 3. Originals not submitted.4. Inappropriate/Excessive attachments. *5. No documented attempt at informal resolution. *6. No requested relief is stated. *7. Malicious use of vulgar, indecent, or physically threatening language. *
$\square$ 8. The issue presented is not grievable.
$\square$ 9. Redundant, Refer to grievance \# $\qquad$10. Illegible/İncomprehensible. *
$\square$ 11. Inappropriate. *
UGI Printed Name/Signature: $\qquad$
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$
OFFICE USE ONLY
Initial Submission
UGI Initials: $\qquad$
Grievance \#:
Screening Criteria Used:
Date Recd from Offender:
$\qquad$

Date Returned to Offender: $\qquad$
$\underline{2 n}^{\text {ne }}$ Submission
UGI Initials: $\qquad$
Grievance \#: $\qquad$
Screening Criteria Used: $\qquad$
Date Recd from Offender:
Date Returned to Offender:
$\underline{3}{ }^{\text {rd }}$ Submission
UGI Initials: $\qquad$
Grievance \#:
Screening Criteria Used:
Date Recd from Offender: $\qquad$

I-127 Back (Revised 11-2010)

## Texas Department of Criminal Justice 12B-09 STEP GRIEVANCE FORM

OFFICE USE ONLY Grievance \#: 2014140325 Date Received: $05-19-14$ Date Due: MAY 272014 Grieremece Code: 001 Investigator IN: 10353 Extension Date: $\qquad$
Date Retd to Offender: $\qquad$

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)?
What was their response?
Housing Assignment: $12-13-9$
Unit where incident occurred: $R B$
Unit: R13
$\qquad$

[^1]$\qquad$
$\longrightarrow$


Action Requested to resolve your Complaint.


> A thorough investigation was conducted concerning your allegations. An Offender Protection Investigation was conducted concerning your allegations on 04/01/14. You were seen by UCC on 04/07/14 in which the committee recommend unit transfer due to potential victim of assault. Recommendation for unit transfer was submitted to SCC for approval; however, on 05/25/14, recommendation was denied. Investigation was reviewed by Warden Gonzalez in which there were no concerns noted. You have filed numerous requests for safekeeping/ protective custody and all issues have been investigated, reviewed and addressed in previous grievances submitted. No further action warranted by this office.

F. Fester, Asst. Reg. Director June 06, 2014

Signature Authority:


Date: $\qquad$
If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.
Returned because: *Resubmit this form when the corrections are made.
$\square$ 1. Grievable time period has expired.2. Submission in excess of 1 every 7 days. *
$\square$ 3. Originals not submitted.4. Inappropriate/Excessive attachments. *
$\square$ 5. No documented attempt at informal resolution. *
$\square$ 6. No requested relief is stated. *
$\square$ 7. Malicious use of vulgar, indecent, or physically threatening language.
$\square$ 8. The issue presented is not grievable.
$\square$ 9. Redundant, Refer to grievance \# $\qquad$10. Illegible/Incomprehensible. *11. Inappropriate. *

UGI Printed Name/Signature:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority:

## OFFICE USE ONLY

Initial Submission
UGI Initials: $\qquad$
Grievance \#: $\qquad$
Screening Criteria Used;
Date Recd from Offender:
Date Returned to Offender:
$2^{\text {ne }}$ Submission UGI Initials:
Grievance \#: $\qquad$
Screening Criteria Used:
Date Recd from Offender:
Date Returned to Offender:
${ }^{3}{ }^{3}$ 而 Submission
UGI Initials:
Grievance \#:
Screening Criteria Used:
Date Recd from Offender;
Date Returned to Offender:
$\qquad$

I-127 Back (Revised 11-2010)

EXHIBIT -


## Texas Departme $12 A-29$ STEP 1 <br> Rexas Department of Criminal Justice OFFENDER GRIIEVANCE FORM

## Offender Name: JOSHAD D. ZOLLICOFFER_ TDCJ\# $1138 / 61$ Unit: Fß Housing Assignment: \#-PHT-4 LK

 Unit where incident occurred: $P B$
## OFFICE USE ONLY

Grievance \#: 2014205241
Date Received: $08125 / 2014$
Date Due: $10 / 04 / 2014$
Grievance Code: $006 / 200$
Investigator ID \#: I-2767
Extension Date: N/A
Date Retd to Offender: OCT 0 32014

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when
appealing the results of a disciplinary hearing. appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? WARDEN GONZALE7
What was their response? NOACTICN, WAIT ONTLE DECISICNFROM STATE (UASSIFILTION.
What action was taken? NONE.
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate


















 I AMAAGAIN REQNEJTNG SAFFKLEFPING ANDSTUP BEING RACKIICH ISCRIMINATEN $A G A M S T$.
$\qquad$


Action Requested to resolve your Complaint.


SAFE LCEEPNA/S.
Offender Signature: coobhea i.) Che ce Date: $8-26-14$

## Grievance Response:

An investigation has been completed by unit administration. You were reviewed by the UCC on $06 / 05 / 14$, and recommended for safekeeping status. On $06 / 16 / 14$, this request was denied by SCC. You are being reviewed by the UCC in accordance with TDCJ policy and they are not discriminating against you due to your race.


If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form. warder we bp
Returned because: *Resubmit this form when the corrections are made.1. Grievable time period has expired.
$\square$ 2. Submission in excess of 1 every 7 days.
$\square$ 3. Originals not submitted. *
4. Inappropriate/Excessive attachments. *
5. No documented attempt at informal resolution. *
6. No requested relief is stated. *
7. Malicious use of vulgar, indecent, or physically threatening language. *
8. The issue presented is not grievable.
$\square$ 9. Redundant, Refer to grievance \#
10. Illegible/Incomprehensible. *
$\square$ 11. Inappropriate. *
UGI Printed Name/Signature: $\qquad$
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$
I-127 Back (Revised 11-2010)


## Texas Department of Criminal Justice STEP 2 <br> OFFENDER GRIEVANCE FORM



You must attach the completed Step 1 Grievance : accepted. You may not appeal to Step 2 with a Step 1

IAM DISS.ATISFIED WITL GRIEVANCE \# 2014205241 RESPONSE BECAUSE ON $6-5-14$ I WAS RECOMMENDED FOR HOUSWG GN SAFE KEEPING.BETWEEN $6-5-14$ ANID PRESENT MY CIRCUMSTANCES HAVE ONLY GOTTEN WORSE. I AM STIL A TRANSELENDER OFFENDER WHO HAS BEEN PREYED ON, SENAIVY ASSAVETED NTHE PAST, TLREATENED WITU MY LIEE, EURCED INTO COERCED SEXUAL RELATION SLIPT AND VIOLENTLY ATTACKED WITUA WEAPON. BYTHAT BEUNO ThE CASE ANY UCC AFTER E-5-14 FOR AN OPI I SHOULDNE BEEN RECOMMENDED FOR HOUSING ON SAFE KEEPNO BECAUSE The CIRCUMSTANCES HAVE ONY CHWGED IN The SENSE THAT ThEY'V GOTTEN WORSE. ThereFORE THE RECOMMENDATION FOR 6-5-14 FOR SAFE KEEPNNG wAS UCC IND ROBERTSON UNTS ADMNISTRATION ACENOWLEDGING TLAT I AM AN OFFENDER WHO, IF FORCED TO REMAIN IN GENORAL POPULATION IS AN AT RISK OEFGNDER. TLEREFORE WARDEN WEBBS REFLSAL TO HOUSE ME ON SAFE KEEPINE ON 8-1-14 AND WARIDEN GONZALEZ REFUSAL TO CURRECT TLE FLABRANT DISREGARD OF MY SAFETY BY WARDEN WEBB, RECOMMENDONE TLAT NOTLUNG BE DONE GN 8-14-14 wAS RACIAIIY MOTIUATED, NOT POLICY MOTVATED. BeGAUSE if ille evor Been Eligible for a recommend ation for housing ON SAFEKEEPANG ThEN ItS BEEN ACKNOWLEDGEDD THAT GENERAL PORULATION IS NOT SAEE FOR ME BECAUSE THE CIRCUMSTANLES THAT LEDTS The RECOMmindation are lone stavoingo, Peruasivean serious. MEANING, VULNERABILHY DOESNT DISSIPATE INA PERIOD OF 60 DAYS. ThEREFORE, IAM LEFT TO FGEL ThAT I AM BEING RASIAILY DISCRIMINATED AGAMNT, ESPECIAIIY


AS A WhoLE IS TO AFFORD WhITE. AND HISPANIC OFFENDERS MORE PROTFCTION AT TLE MERE THREAT OF HARM. IREQUEST HOUSING ON SAFE KEEPING AND TO STOP BEING RACIAlLY DISCRIMINATES AGAINST.


A thorough investigation was conducted concerning your allegations. This issue was appropriately addressed at the Step 1 Level. On 09/17/14, SCC denied OPI request for transfer. Unit has submitted a DRB appeal on SCC denial that is currently pending at this time. Investigation was reviewed by Warden Webb in which there were no concerns noted. You are currently housed on 12AC1-29 transient status. No further action warranted by this office.

## F. Fusser

11/05/14
Asst. Regional Director

Signature Authority:


Date:

Returned because: *Resubmit this form when corrections are made.

1. Grievable time period has expired.2. Illegible/Incomprehensible.*
$\square$ 3. Originals not submitted. *
$\square$ 4. Inappropriate/Excessive attachments.*
$\square$ 5. Malicious use of vulgar, indecent, or physically threatening language.
$\square$ 6. Inappropriate.*

CGO Staff Signature: $\qquad$

## OFFICE USE ONLY

Initial Submission CGO Initials: $\qquad$
Date UGI Recd:
Date CGO Recd:

> (check one)
$\qquad$ Screened $\qquad$ Improperly Submitted

Comments:
Date Returned to Offender:


CGO Initials: $\qquad$
Date UGI Recd:
Date CGO Recd:
(check one) $\qquad$ Screened $\qquad$ Improperly Submitted
Comments: $\qquad$ le

Date Returned to Offender: $\qquad$ $3^{\text {rd }}$ Submission CGO Initials: $\qquad$
Date UGI Recd:
Date CGO Recd: $\qquad$
(check one) ___Screened ___Improperly Submitted
Comments:
Date Returned to Offender: $\qquad$

## EXHIBIT .

## Texas Department of Criminal Justice

## $11 A H-04$ <br> STEP 1 <br> OFFENDER GRIEVANCE FORM

 Unit：RB
Unit where incident occurred：$R B$

OFFICE USE ONLY
Grievance \＃： 21141474
Date Received：


Date Due：
$9-3-14$
Grievance Code：1）01
Investigator ID \＃： $\qquad$
Extension Date： $\qquad$ Date Retd to Offender：AUG 2 M 2014

You must try to resolve your problem with a staff member before you submit a formal complaint．The only exception is when appealing the results of a disciplinary hearing．

What was their response？NONE
What action was taken？NONE
State your grievance in the space provided．Please state who，what，when，where and the disciplinary case number if appropriate I Am A HOMOSEXUAL，wHOA KNOWN ALIAS IS，PASSION．ON 3－29－07 İ U AS SEXUAIII ASSAULTED ANDON（I－20－13 riMS ASSAVLTED WITLI A WEAPONBMA ENOWN／GANE MEMBER［A CRIB］AND TRANSFERRED TO THE ROBERTSON UNIT．ON Y゙ーフ－14 I WAS TAKEN TO U．C．C BECAUSE OF AN UPI DUE TO THREATS TO MY SAFETY D VETO THREATS MADE BY GRIP GANG MEMBERS HOWEDM ThE ROBERTSUN UN：T WHO WANT TO CAUSE ME HARM IN RETALIATION FOR REDACTED HOUSED ON ROBERTSON／UNTT．UNIT TRANSFER WAS THE DECISION MADE．ON 6－5．14 I WAS TAKEN TO V．C．C AND IT WAS RENOMMENDED TLAAT I BF HOUSED UNSAFE KEEPING DUE TO CONTINUED THREAT TO MI SAFETY BI Y GANG MEMBERS．I WAS RElEASED BACHINTOS GENERAL PU PLINTIUN ON KUJBERTSON UNIT ON 6－19－14：RECENTLYTHECRIPS ON THE UNII HAVE TUREATENED ME AND LINE HAD VERBAL ALTERCATIONS．THEYHAVE MADE THREATS AND I FEAR FORM LIFE．REDACTED WHO LIVES ON THE POS WIT ME W 3－AR－S7B STEPPED iv on MIg BEHALF TO TRy TO STOP TLE OTMER CRIPS FROM TRYING TO GET ME．YET THE THREAT STIR PERSISTS AND I CAN an ky DO SS MVCM TO DEFEND MYSELF AGAMST THEM，wHICH IS VERY LITtLE，PRISO VOFFICTALS OWE A CONSTITUTIONAL DUTY TO PROTECT OFFENDERS FROM ASSAULT，ANDINE TDEJSAFE PRISONS POLICY STATES THAT，＂EVERY ATTEMPT SHARI BE MADE TO REDUCE ACCIDENTS OE EXTCMRTION，PROTECT OFFENDERS WLIOMRE AT INCREASED RISK OF HARM BU OTLIESS：IT LIAS BEEN SHOWN LATI AM AN AT RISKOEFENDER．SHE BEEN VICTIM OF 2 CRIMES INTACT， AH ANOPENiy HEMOSEXVBL OFFENDER WTLI BFEMM／MRE ALIAS RND HAUEAEAM AT HAND: I HAVE BEEN TOLD THAT I WILL BE KILLED IF I REMAIN IN population.

Action Requested to resolve your Complaint.

## I REQUEST IMMEDIATE FEEL.



## An investigation has been completed by unit administration. You were reviewed by the UCC on $8 / 1 / 14$. Their decision was to recommend a unit transfer. You will remain housed in transient status until a decision has been received from the SCC in Huntsville.

## Signature Authority:



If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.
Returned because: *Resubmit this form when the corrections are made.
$\square$ 1. Grievable time period has expired.
$\square$ 2. Submission in excess of 1 every 7 days. *
$\square$ 3. Originals not submitted. *
$\square$ 4. Inappropriate/Excessive attachments. *
$\square$ 5. No documented attempt at informal resolution. *
$\square$ 6. No requested relief is stated. *
$\square$ 7. Malicious use of vulgar, indecent, or physically threatening language. *
$\square$ 8. The issue presented is not grievable.
$\square$ 9. Redundant, Refer to grievance \#
$\square$ 10. Illegible/Incomprehensible. *
$\square$ 11. Inappropriate. *
UGI Printed Name/Signature: $\qquad$
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$

Date Returned to Offender:

## OFFICE USE ONLY

Initial Submission
UGI Initials:
Grievance \#: ads

Screening Criteria Used:
Date Recd from Offender:
Date Returned to Offender:
$\underline{2}^{\text {nd }}$ Submission
UGI Initials:
Grievance \#:
Screening Criteria Used:
Date Recd from Offender:
Date Returned to Offender:
$\underline{3}^{\text {red }}$ Submission
UGI Initials: $\qquad$
Grievance \#:
Screening Criteria Used: $\qquad$
Date Recd from Offender: $\qquad$
$\qquad$

Copy- of 2

Texas Department of Criminal Justice STEP 2

OFFENDER GRIEVANCE FORM

Offender Name: $\qquad$ JOSHUA D. TOLLPCOFFER TDCJ \# $1138 / 61$

Unit: $\qquad$ $R B$ Housing Assignment: HFPHD-YLK
Unit where incident occurred: $R B$

OCT 06 2014
OFFICE USE ONLY
Grievance t: 2014187421 UGI Recd Date: AUG 292014 HQ Recd Date: $\qquad$ Date Due: $\qquad$ $10-03-14$
Grievance Code: $\qquad$ 001 Investigator ID \#: $\qquad$ 10353

Extension Date: $\qquad$

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step. 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...
TコM GREOTL If DISSATSFIED WITL TLE RESPONJSE OE STEP I GRIEVANCE\# 2014187421 BERANSE All OF MM PROBLEMS TO DATE ARE IN I FORM OR ANOTLER DUE TO ME BEING AN OPENLY HOMOSEXNAI OFFENdER HOUSES IN TLE TDCNGENER AL POPUTATIN. JN OPI WAS CONDVETED iN WhiCh I

 BM WHIT R OSSIFICATION TO TRANSFER WE: YET, TL AT IS WOT ENDUE TO RECTIFY TUE PROBLEM OR PREVENT TER PROBLEMS FROM OLCURINUGINTLIE FUTURE: IT WAS BEE. SWAONJTMAT I NM DM OFFENDER WITH Q HIGHER POTENTIFIRRVICTMITOTION. OTLERWNSE IWOUNDOT BE TLIEVICTIM OF ZVERY SERIOUS CRIMES ORLANETOENDDURE TLAE NORIERON TLIREMIS





 REDUCE PENDENTS OFEXTORTION, PROTECT OFFENDERS WM A ORE OT








 (KEPI: ) -


A thorough investigation was conducted concerning your-attegations. An Offender Protection
 $08 / 01 / 14$ in whin ch the committee recommend unit transfer due to stg investigation.
 recommendation was denied. Investigation was reviewed by Warden Webb in which there were no concerns noted. You have filed numerous requests for safekeeping/ protective custody and all issues have been investigated and reviewed. You are currently housed in 12AC1-29 transient status.

## No further action warranted by this office.

F. Fuster, Asst. Reg. Director September 26, 2014



Returned because: *Resubmit this form when corrections are made.

1. Grievable time period has expired.2. Illegible/Incomprehensible. *3. Originals not submitted. *4. Inappropriate/Excessive attachments. *5. Malicious use of vulgar, indecent, or physically threatening language. *6. Inappropriate. *

CGO Staff Signature: $\qquad$

I-128 Back (Revised 9-1-2001)


EXHIBIT /

## Texas Department of Criminal Justice

## $12 A-29$ <br> STEP 1

## OFFENDER GRIEVANCE FORM

Offender Name: ToILUA D. FoLLECOFFER TDCJ \# $1 / 38161$ Unit: $R \beta$ Housing Assignment: $/ /-P H D-4$ Unit where incident occurred: $P B$

## OFFICE USE ONLY

Grievance \#: 2014196990
Date Received: $08 / 11 / 2014$
Date Due: 09/20/2014
Grievance Code: Investigator ID \#
Extension Date:
$\frac{\frac{001}{12267}}{\frac{1}{1}}$

Date Retd to Offender: SEP 192014

You must try to resolve your problem with a staff member before you submit a formal complaint. The only exception is when appealing the results of a disciplinary hearing.
Who did you talk to (name, title)? FERSGNAL LETTER TO WARDEN FOX When? $7-28-14$
What was their response? NOME
What action was taken? NONE
State your grievance in the space provided. Please state who, what, when, where and the disciplinary case number if appropriate I' WROTF A LETTER TO WARDFR FOX REQUESTIN HOUSING ON SAFEKEEPING FOR MY SAFETY. İ RECIELED NO RESPONSE. DURIAKMY CONFINEMENT INTDCT IIVEHADSEVERAL GNGONE AND WEII DOCUMEMTED LIFE TLIREATENIVB CSSVES AIL ROUTED INTLAE FACTTLAT I AMAA AT FISK OFFENDEK, TKANS GTE NDER WITL AN ALIAS OF IPASSION"AND HOUSED NTLE GANEINFLUENGED GENERAL PCPULATRN. S WAS SEXUAIV ASSAULTED ON B-29-0T AND AS5AULTED WITLAA WEAPONVOVII-2O-13 BYA KNOWN GINGMENBER SINCE JW/Y OF ZOL TLERE HALE BEEN AT-LEAST/B OPIS FILED GNMMGBELALFM
 TRAZVEERRINGME FROM UNUT TO UNVT IN GENERAL PUPULATUN DOESNOTLMNG TORECTIFU TLIS
 POPNLATUN FIV次L TOPRUTECT ME FROM VIOLENEE AT TLE HANDS OFCTLERS. AFTER BEING SEXURILY














 states that the goalis to Prevent these things from happen inge

Action Requested to resolve your Complaint.


Offender Signature:


Date: $8-11-14$ Grievance Response:


#### Abstract

An investigation has been completed by the Unit Administration. You were reviewed by the Unit Classification Committee (UCC) on 08/14/2014. No action was taken due to you being recommended for unit transfer on $08 / 01 / 2014$. You have already been recommended for safekeeping status on $06 / 05 / 2014$. That recommendation was denied by the State Classification Committee (SCC) on $06 / 16 / 2014$. You will remain housed in transient status pending a decision from SCC in Huntsville.


## Signature Authority:

If you are dissatisfied with the Step 1 response, you may submit a Step 2 (I-128) to the Unit Grievance Investigator within 15 days from the date of the Step 1 response. State the reason for appeal on the Step 2 Form.

## Returned because: *Resubmit this form when the corrections are made.

$\square$ 1. Grievable time period has expired.2. Submission in excess of 1 every 7 days. *
$\square$ 3. Originals not submitted.4. Inappropriate/Excessive attachments. *5. No documented attempt at informal resolution.
$\square$ 6. No requested relief is stated. *7. Malicious use of vulgar, indecent, or physically threatening language. *8. The issue presented is not grievable.9. Redundant, Refer to grievance \#
$\square$ 10. Illegible/Incomprehensible. *
$\square$ 11. Inappropriate. *
UGI Printed Name/Signature:
Application of the screening criteria for this grievance is not expected to adversely Affect the offender's health.

Medical Signature Authority: $\qquad$
I-127 Back (Revised 11-2010)


## OFFICE USE ONLY

Initial Submission
vated/L/Ll

## $12 A-29$ <br> Texas Department of Criminal Justice STEP 2

Offender Name: JoshuA D. ZOLLICOFFER TDCJ \# $1 / 38161$
Unit: $R \beta \quad$ Housing Assignment: $12-A-29$
Unit where incident occurred: RB

OFFICE USE ONLY
Grievance t: 2014196996 UGI Recd Date: SEP 292014

HQ Recd Date:
Date Due:
1113
Grievance Code:
001
Investigator in \#: 10353
Extension Date:

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step. 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). I am dissatisfied with the response at Step 1 because...
FAM DISSATISFIED WITH STEP 1 GRIEVANCE 2014196990 RESPONSE BE PAUSE IT HAS BEEN SHOWN TLIROUGU SEVERALOPIS, SPANNING SEVERAL YEARS AND 2 SERIOUS CRIMES COMMITTED AG INST ME THAT I AM A VULNERABLE OFFENDER. AS AN OFFENDER WHO HAS BEEN VICTIMIZED, ThREATENED, ASSAULTED AND WHO HAS A HISTORY OF SEXUAL VICTMIZATION IT IS JCS RESPONSIBルITY TO TAKE AIT OF THIS INTO ACCOUNT WHEN MAKING ANY RECOMMENDATION, AS STATED INTLETDCNSAFE PRISONS PLANEGIVEN THE FACT THAT ALI THE THREATS, JOLENE ANT COERCED SEXUAL RELATIGNSLIPS TLATI HAVE HAD TO ENDURE HALE ALI SEEN ROOTED N TIE FACT THAT I AM TRANS GENDER HOUSED IN TIE GENERAL POPULATION OF OFFENDERS, RECOMMENDINENETOBE TRANSFERRED TO ANUTLER UNITS GENERAL POPULATION TO FACE ThE SAME PROBLEMS IS CONDONING THE ABUSE AMD PROMOTING FURTHER VICTIMIZATION. NO VC MACES ANY RECOMMENDATION FUR UN IT TRANSFER UNLESS THERE IS OBJECTIVE IS SUBJECTIVE EVIDENCE SUIBSTAININO THE NEED FOR PROTECTION. TLIEREFURE, LEAVING ME HOUSED IN GENERAL POPULATION WhILE KNOWING THAT GIVEN MY HISTORY OF RECEIVING THREATS OF VIOLENCE AND HAVING VIOLENCE VISITED UPON ME TLAT ThERE IS A PROBIEM CA PABIE OF REPITITION AS LONO AS I AM HOUSEDIN GENERAL POPULATION IS A VIOLATION DE ThE TDCNSAFE PRISON K PLAN. I REREST hoUsing on IAFEKEEPING OR PRUTECTIL CUSTODY TO PREVENT ANY FURTLER VICTMIZATION HIGHLy CAPABIE OF REPITITION IN TOCJ GANG INFLUENLED general population.


1: $\}$

# A thorough investigation wasconductedfeoneerning your allegations. This issue was appropriately  was reviewed of warden webion whimingere were no concerns noted. iou arecurrentity infused Grief atc Requnteansient status. No further action warranted by this office. 

F. Fuster, Asst. Reg. Director October 31, 2014

A thorough investigation was conducted concerning your allegations. This issue was appropriately addressed at the Step 1 Level. On 09/17/14, SCC denied OPI request for transfer. Investigation was reviewed by Warden Webb in which there were no concerns noted. You are currently housed on 12AC1-29 transient status. No further action warranted by this office.
F. Fuster, Asst. Reg. Director October 31, 2014

Signature Authority:


ARD
Date:

Returned because: *Resubmit this form when corrections are made.1. Grievable time period has expired.2. Illegible/Incomprehensible. *3. Originals not submitted. *4. Inappropriate/Excessive attachments. *5. Malicious use of vulgar, indecent, or physically threatening language. *6. Inappropriate.

CGO Staff Signature: $\qquad$

I-128 Back (Revised 9-1-2001)

OFFICE USE ONLY


EXHIBIT 0

ReAson: request housine. on safekeepinen.
fiello,
I AM WRITING YIN TO REQUEST Yovr ASIISTANJCE IN A VERY
SERIUS MATTER.
MY NAME IS JOLLINA D. ROLLICOFFERF/133/61. IAM TRANSGENDER AND ME KNGOUN ALIASIS PASSION. I AM WIRIIINE BECAUSE IAM CURRENTLEA ON trandsit status on the robertson unit Awaitine replul from stare classification FOR A RECUMMENDATIUN OF UNIT TISANSFER ON B-1-14 BY ASIISTANT WARDEN WEBB.

DURing mu incarceration Illale constantly been preyed on by OTLLER OFFENDERS AND HALF COME TO SERIGUS HARM BECAUSE NO UNITS ADMINISTRATION HASTAEEN ThE STEPS TO PROTECT ME. ON 3-29-07 I wAS SEKUAIIY ASSAULTED on Thie Allred unvit. I was Denied Housine un Safe keeping and simple TRANSFERRED TO ANOTLIER UNITS GENERAL POPULATION TO FACE TLREATS AND ABUSE. I HAVE LADD TO BE SEXVAIIY ACTIVE IN ORDER TO REMAIN RELATMELY SAFE in Greneral porulition. That shovid not have to be the case thovell.

ON II-20-13 I WAS ATTACKED WITLA WEAPON BY A KNOWN RANE MEMBER. I WAS IT ACROSS TLE FACE AND FURELIEAD 8 TIMES WLILLE BEINE CAIIED A SNITELINE FAGGGOT MY INJURIES REQVIRED 36 STITCLLES. TLIS LUPPE NED AFtER IID INTOKMED ThE HUGLLES UNIT ADMINISTRATION ThAT TLIS SAME OFFENDER WAS TRYINE TO FURCEME TO BE WITL HIM. TLIE HUELLES GNIT ADMINISTRATION DISREGARDED TLIE TLREAT, HOUSED ME ON TLE EXACT SAME PUD AS HIM. AGIAN, I REQUESTED HUUSING ON SAFE KEEPING. I WAS DENIED AND SIMPLA RECOMMENDED UNIT TKANSFER. I WOUND UP ON TLE ROBERTSON UNIT AND NOW FACE TLIE TLIREAT OF SERIOUS HARM BY OFFENDERS WLIO WERE CLOSE TO MY ATTACKER WLIEN LIE WAS HOUSED ON TLE ROBERTSON UNIT. GMONTLIS Prior to the $11-20-13$ attack un/Me.

IHALE BEEN TLIREATENED WILI MU LIFE, TLIREATENED WITLI RAPE AIND FEAR FOR MY WEll BENG. TVE INFGRMED TLE UNNIS ADMINISTRATION. WRRGTE SEVERAL GRIEVANCES, WROTE TLIE PREA OMBUDSMAN AND SPOKFN TO OIG TWILE, ON 4-7-14 I WAS RECOMMENDED UNIT TRANSFER.ON 6-5-14 TLIE SAFE PRISONS OFFILE FURWARDED A RECOMMENDATION TO HOUSE ME GN SAFE KEEPING. BUTLI WERE DENIED BY STATE CLASSIFICATION. MY LIFE IS IN DANEGEK AND I WEED HELP. I HAWE BEEN TLIE VICTMM OF 2 VERY SERIOUS CRIMES AND continve to feak for mb well beiveg.

SIMPLIS TRANSFERRING ME FRUM UNVIT TO UNIT IN GENERAL POPMLATIUN DOES NOTLING TO RECTIFY TLIE PROBLEMS That I AM HANIVG. I REQUEST HOUSINE ON SAFEKEEFINE TO PREVENT FURTLIER RAPE, EXTORTION AND ATTEMPTS ON MY LIFE. I REQUEST YOUR ASSISTANCE.

TLIANk Hov.
Josluva D. Zollighefer**138161


[^0]:    ADDRESS: FOEERTSON wa fir

[^1]:    $\qquad$

