



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
Grieu. 1

Form Received By Deputy (sign) *[Signature]*  
Deputy Printed Name: *Greg Green* Badge #: *5306* Date: *3/1/09*

Inmate Name: ALISIA BAKER Name Number: 102573 Cell: J2  
Status (circle one) Sentenced  Unsented  Federal  State

Description of Grievance:  
THE VENTILATION IS HORRIBLE IN J, WHILE IN UNIT K  
I EXPERIENCED DIZZY SPELLS FROM INADEQUATE VENTILATION  
AND IN UNIT L IT IS EXTREMELY STUFFY. OBVIOUSLY  
ALL THE PODS SUFFER FROM POOR VENTILATION.

Action Requested: TO HAVE THE VENTILATION SYSTEM FIXED OR REPLACED

Shift Supervisor Review

Decision: Maintenance is aware of the ventilation issues.

Supervisor Signature: Cpl. Kannie Simon / Cpl. Simon 5318 Date: 3/5/09/1128

Inmate: Alisia Baker  
This decision is acceptable to me: YES  NO   
Inmate Signature: Alisia Baker Date: 3/5/09

Administrative Review

Decision: Above answer correct.

Administrator Signature: Lt. Tom Fawcett Date: 3/6/09/01230

Inmate: Alisia Baker  
This decision is acceptable to me: YES  NO   
Inmate Signature: Alisia Baker Date: 3/10/09



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
Griev. 2

Form Received By Deputy (sign) [Signature]  
Deputy Printed Name: Villy Rundo Badge #: 5302 Date: 3/11/09

Inmate Name: Carada, Misty Name Number: 259557 Cell: 326  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: There is not appropriate air circulation nor appropriate ventilation in this pod. After washing clothes and having them to dry they don't in a reasonable amount of time. Most times it takes @ 24 hours to dry a tee shirt enough to be able to wear it. It also gets so stuffy in our pod that we must after can't breathe nor can we get rid of colds that are brought in by the newer inmates.

Action Requested: add a fan to the unit or clean and or replace the vents currently in here. Allow the deputies to open our door & use door for fresh air until we can get a fan added in the ceiling or something can be done with our vents.

Shift Supervisor Review

Decision: Maintenance is aware of the ventilation issues. It's been like this for a while. They need to be not only aware of it but fixing it as well.

Supervisor Signature: Cpl. Kannie Simon / Cpl. Simon 5318 Date: 3/5/09

Inmate: Misty Carada  
This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 3/5/09

Administrative Review

Decision: Above answer correct.

Administrator Signature: L. Tami Faulhaber 5316 Date: 3/6/09

Inmate: Misty Carada  
This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 3/7/09



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
Griev. 3

Form Received By Deputy (sign) Wavis  
Deputy Printed Name: Wavis Badge #: 385 Date: 3/5/09

Inmate Name: Amanda Davis Name Number: 56811 Cell: 4-12  
 Status (circle one)  Sentenced  Unsentenced  Federal  State  
 Description of Grievance: I would like something to be done about the ventilation in the pod, I fill like alot of inmates including myself are getting ill because we do not have some type of proper way for us to get fresh clean air into our units so I'm asking for something to be ~~taking~~ done about some proper ventilation in this unit so the bacteria can be removed out and some fresh air can be put in here.  
 Action Requested: \_\_\_\_\_

Shift Supervisor Review

Decision: Yours LEAVING UNIT HOUSES 18 INMATES, THE VENTILATION SYSTEM IS INADEQUATE FOR THAT POPULATION  
 Supervisor Signature: [Signature] Date: 2509 1815  
 Inmate: \_\_\_\_\_  
 This decision is acceptable to me: YES  NO   
 Inmate Signature: Amanda K Davis Date: 3/6/09

Administrative Review

Decision: None answer correct.  
 Administrator Signature: Lt. Tami Faulhaber 6286 Date: 36.09 @ 12/4  
 Inmate: \_\_\_\_\_  
 This decision is acceptable to me: YES  NO   
 Inmate Signature: Amanda K Davis Date: 3/10/09





DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
GRIEU4

Form Received By Deputy (sign) [Signature]  
Deputy Printed Name: Badge #: Date: 305 3/6/09

Inmate Name: Amanda Davis Name Number: 56811 Cell: H-12

Status (circle one)  Sentenced  Unsentenced  Federal  State

Description of Grievance: Due to the bad sanitation situation in the jail, I feel that I'm going to get sick because of the mold in the showers that we get have got cleaning solutions to clean the mold off so every morning when I get up I have troubles breathing. So I'm asking for something to be done. And the drains in the showers are filling up the bottom of the showers due to them not cleaning the drains out.

Action Requested: \_\_\_\_\_

Shift Supervisor Review

Decision: ANY CLEANING ISSUES POINT OUT TO THE HOUSING DEPUTY TO ADDRESS IT WITH THE WARDEN OR YOU MAY ASSIST IN THE CLEANING, JUST ASK FOR SUPPLIES

Supervisor Signature: [Signature] Date: 3-6-09 1930

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: Amanda K Davis Date: 3/6/09

Administrative Review

Decision: None answer correct.

Administrator Signature: [Signature] Date: 3-6-09 @ 1240

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: Amanda K Davis Date: 3/10/09



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
Griev 5

Form Received By Deputy (sign) *[Signature]*

Deputy Printed Name, Badge #, Date: *10/16/09 Pound 15362 3/19/09 1614*

Inmate Name: Canana Misty Name Number: 259557 Cell: 3-L-8  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: Black mold in the restroom/shower areas. Not only the old but the new as well. There is not appropriate ventilation in these areas to avoid continued growth of black mold

Action Requested: Provide better ventilation in the shower area. Use better cleaning supplies for the molded areas.

Shift Supervisor Review

Decision: Maintenance is aware of the ventilation issues. Work on giving adequate amounts of cleaning supplies to clean. Cleaning supplies need changed & added to amount used. Maintenance needs to repair/replace what just know of  
Supervisor Signature: [Signature] Simon / Cpl. Simon 238 Date: 3-5-09/1123

Inmate: Misty Canana  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: 3/5/09

Administrative Review

Decision: Above answer correct.

Administrator Signature: [Signature] Tammy Faulhaber 5296 Date: 3-6-09 @ 1159  
Inmate: Misty Canana  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: 3/7/09



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
Griev 6

Form Received By Deputy (sign) *[Signature]*  
Deputy Printed Name: Badge #: Date: Kelly Bond 5362 3/4/09 10/14

Inmate Name: Canada Musty Name Number: 259557 Cell: 3-L-8  
 Status (circle one) Sentenced  Unsented  Federal  State   
 Description of Grievance: The Sanitation Requirements (Idaho's Codes) are not being properly met! Trash food stuck on wires with build up by the Bunkies and standing water in the floor drains/showers. This causes the food to stink and the sanitation to be appropriate!

Action Requested: Give the deputies access to open the drains for cleaning. Get maintenance up here with a power washer that 3 days or more later. Give up better cleaning supplies the ability to reach higher as needed! Clean the mess up

Shift Supervisor Review

Decision: Each unit is given industrial strength appropriate amounts of cleaning supplies. It is up to the inmates in the unit to clean properly. Inform the deputies of the maintenance issues so they can fill out the proper paperwork to get it fixed. This is not a grievable issue.  
 Supervisor Signature: Cpl. Connie Simon / Cpl. Simon 5311 Date: 3-5-09/0908  
 Inmate: We have a no the amounts are not of appropriate strength or quality  
 This decision is acceptable to me: YES  NO   
 Inmate Signature: Musty McCarroll Date: 3/5/09

Administrative Review

Decision: Above answer correct. Feel free to scrub & clean your living area.  
 Administrator Signature: L. Tami Faulhaber 5316 Date: 3-6-09 @ 1200  
 Inmate: [Signature]  
 This decision is acceptable to me: YES  NO   
 Inmate Signature: Musty McCarroll Date: 3/7/09





DALE G. HALE DETENTION CENTER  
INMATE GRIEVANCE FORM

EXHIBIT  
tabbies  
Griev 7

Form Received By Deputy (sign) \_\_\_\_\_  
Deputy Printed Name, Badge #, Date: Sara Carroll 6111 2-26-09 1500

Inmate Name: Desiree Leming Name Number: 124330 Cell: 3-1-30  
Status (circle one) Sentenced  Unsented  Federal  State

Description of Grievance:  
I want that the said to stop charging me for medical care to treat illnesses and injuries caused by bad conditions in the jail.  
I was not sick upon entering this facility but do so due to poor sanitation and living conditions not fit for humans. I am and have been sent to treatment and have had to seek medical attention and have been charged do to the lack of a humane living ~~area~~ environment.

Action Requested: to be reimbursed and not charged any longer. Immediately

There have been 0 many you'll need to see my medical records every time down to it

Shift Supervisor Review

Decision: How many times to medicine have you had as a direct result of the jail conditions? How much have you been charged?

Supervisor Signature: [Signature] 539-1 Date: 7-7-09 1920

Inmate: \_\_\_\_\_  
This decision is acceptable to me:  YES  NO  
Inmate Signature: [Signature] Date: 2/27/09

Administrative Review

Decision: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inmate: \_\_\_\_\_  
This decision is acceptable to me:  YES  NO  
Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Form Received By Deputy (sign) Sam Carroll 1600  
Deputy Printed Name, Badge #, Date: Carroll 8441 3-27-09

Inmate Name: Desiree Comingo Name Number: 129330 Cell: 3-630  
Status (circle one)  Sentenced  Unsentenced  Federal  State

Description of Grievance: There is mold in this pod every where but in the bathroom is where it is the very worst. I have severe Asthma and because of these conditions that I am forced to live in it caused me great distress. This is unhealthy and my health is in grave danger.

Action Requested: I would like for the mold to be removed not just covered up. Immediately

MS beyond cleaning cleaning is not the issue to remove mold it has been cleaned **Shift Supervisor Review**

Decision: Let the housing department know about air cleaning issues so the janitor can clean, the janitor cleaned one shower successfully, the others can be cleaned

Supervisor Signature: [Signature] Date: 7-26-09 1900

Inmate: \_\_\_\_\_  
This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 2/27/09

**Administrative Review**

Decision: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate: \_\_\_\_\_  
This decision is acceptable to me: YES  NO

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_





EXHIBIT  
tabbies  
Grieu 8

Form Received By Deputy (sign) Hartbrook  
Deputy Printed Name, Badge #, Date: Shirley Hartbrook 5136 12/18/08

Inmate Name: CROSS, Jeffrey Name Number: 85988 Cell: E-16  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: Over crowding with prisoners sleeping on the floor. They don't even give them plastic "slack a bunks" when they are available. General filth! Drains do not get cleaned out and they are breeding some kind of flying insect that I've never seen before. Recreation yard is too small for everyone to have an hour of outdoor recreation a day. There is so much saliva on the walls and floors in the recreation area you don't dare touch anything. The officers even let their dogs out there to piss on the walls and floor. The showers have mold. The shower floors are cracked and hold ~~and~~ stagnate water. The metal screens above the showers are rusting. The jumpsuits are garbage. Many of them have been mended to the point of ridiculousness. The towels and jumpsuits still smell of body odor after being laundered. There are no rules posted and no handbooks are passed out to the new guys. Inmate safety is an issue because they don't segregate the different gangs or the guys with sex offenses so inmates are getting "strong armed" or intimidated and physically abused by others. They keep it as one big melting pot of inmates where the tension is always high and volatile. No access to the Law Library! No smoke detectors. I was punished by being put into isolation room with no water or bathroom facilities. The worst thing about this jail is the deplorable filth that we live in.

Action Requested: The inmates don't clean as good as they need to. I'm afraid of contracting something in here that would give me a death sentence as opposed to the incarceration I was sentenced to.

Shift Supervisor Review

Decision: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Review

Decision: Thank you we are aware of some physical maintenance issues

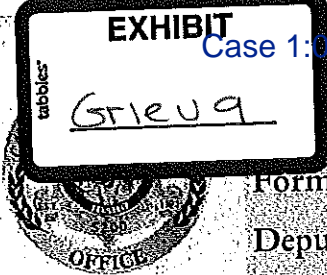
Request. You can get a handbook from a deputy. In the future one issue per grievance.

Administrator Signature: Craig Hanson Date: 12/18/08  
Inmate: Craig Hanson 5206

This decision is acceptable to me: YES  NO

Inmate Signature: A.M.A. MAN Date: 12/18/08

DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM



GRIEVA

Form Received By Deputy (sign) [Signature] 1056 10/20  
Deputy Printed Name, Badge #, Date: LOHAR TAVOOR 5316 03/27/09

Inmate Name: MARTIN, PEDRO Name Number: 25572 Cell: C-6  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: Since I've been incarcerated the sanitation issue has been brought up many times. Even with janitors the pods still look and feel unclean since my stay the same issue has been brought up in the several pods I've been. I'm very concern and view this a health risk from a unclean environment. I don't believe this issue has to continue to be brought up to your guys attention. I think this matter should be resolved as quickly as possible. please

Action Requested: To have a better effort and materials from the jail to provide a safer and clean environment Thank You

Shift Supervisor Review

Decision: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate: \_\_\_\_\_  
This decision is acceptable to me: YES  NO   
Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Review

Decision: Mr Martin you may receive and use cleaning supplies on your time out

Administrator Signature: Craig Hansen Craig Hansen Date: 03/09

Inmate: \_\_\_\_\_  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: 3/1/09



INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [Signature]  
Deputy Printed Name, Badge #, Date: Kate Stallord 5466 2/4/09

Inmate Name: MARTIN, PIDRO Name Number: 85572 Cell: C-10  
Status (circle one) Sentenced  Unsented  Federal  State

Description of Grievance: Since I've been incarcerated the sanitation issue has been brought up many times. Even with vanitors the pood still look and feel dirty. Since my stay I've been in several units and the same issue has arised. A lot of faucets or caked with armp or dirt of some kind. The drains dont work very well. mop heads we are given is used for a whole week or more without being changed, when we are assigned macthese they are not properly cleaned. I view this as very serious to our environment and we shouldnt have to live in these conditions. Its like a dog kennel. Just because we've made mistakes shouldnt mean we should be treated like dogs.  
THIS IS ONE ISSUE!!!  
SANITATION!!!

Action Requested: For this issue to be fixed and not ignored. To help create a cleaner environments please have someone talk to me

Shift Supervisor Review

Decision: One issue per grievance please.

Supervisor Signature: [Signature] Date: 2/3/09  
Inmate: [Signature] Date: 2/4/09  
This decision is acceptable to me: YES  NO

Administrative Review

Decision: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Inmate: \_\_\_\_\_  
This decision is acceptable to me: YES  NO   
Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_



tabbies  
GRIEV 10



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) Craig Zickmann 531  
Deputy Printed Name: Badge #: Date: 7-25-09 2253 hrs

Inmate Name: Jabra McInnis Name Number: 42589 Cell: A 6  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: Due to the problems I have suffered and  
problems I've seen others suffer since entering this  
jail I believe I am at great risk of getting very sick or  
injured becuoz of the dangerous and unhealthy condions  
in this jail.  
Inadequate sanitation shower and toilet  
areas  
Mold on floor ceiling walls inside showers

Action Requested: conditions be fix immediately

Shift Supervisor Review

Decision: Maintenance is aware of this issue.

Supervisor Signature: [Signature] Lt. [Name] 5337 Date: 2/26/09 0820

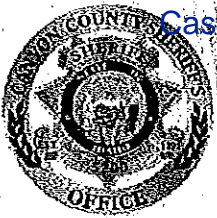
Inmate: Jabra McInnis  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: 2-26-09

Administrative Review

Decision: Above answer correct. Also feel free to make use of available  
cleaning supplies to rectify ~~the~~ situation.

Administrator Signature: Lt. Tammi Faulhaber 5316 Date: 2-27-09 @ 0943

Inmate: [Signature]  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Cleaning supplies Date: 2-27-09



INMATE GRIEVANCE FORM

tabbies Griev II

Form Received By Deputy (sign) *[Signature]*

Deputy Printed Name, Badge #, Date: D. L. Holt 5343 12/17/08

Inmate Name: TREFEN, DEREK Name Number: 249134 Cell: E-14

Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: Health & Safety issues:

The cleaning done by Tier janitors is unsatisfactory and no cleaners or equipment is made available to individuals who wish to try and make their living space clean and sanitary. This jail is a hotspot of viruses and bacteria. There are moldlets of multiple types growing on the walls. I personally live on what I believe to be the cleanest tier in the jail and there are insects breaching with the stagnant water in the bathroom from the shower floor drains and cracked floor slabs. I have to walk through these bacteria infested areas then track it all over our entire and sleeping area.

Action Requested: This is only one of the issues I feel needs to be resolved. More to follow

*[Signature]*

Shift Supervisor Review

Decision: [Blank]

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Review

Decision: Thank you we are aware of some physical maintenance issues.

Please ask deputies to put in maintenance request. You can get a Handbook from a deputy. In the future one issue per grievance.

Administrator Signature: Craig A. Hanson Craig.Hanson@dcj.tn.gov Date: 12/18/08 1640

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: *[Signature]* Date: 12/17/09



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbies  
GRIEV 12

Form Received By Deputy (sign) Heavis  
Deputy Printed Name, Badge #, Date: Heavis 303 3/5/09

Inmate Name: Amanda Davis Name Number: 40811 Cell: H-12

Status (circle one) Sentenced Unsented Federal State

Description of Grievance: I'm Grieving about the plumbing in my pod that we have continuously asked to fixed, like our shower leaks and our ceiling has been leaking above our table that we have to eat at and some of our cells do not have cold or hot water, so I'm asking for them to be fixed.

Action Requested: \_\_\_\_\_

Shift Supervisor Review

Decision: IF ANY ISSUES FIRST IN YOUR ROOMING UNIT, SHOW THE HOUSING DEPUTY SO THEY CAN ADDRESS IT THROUGH OUR MAINTENANCE DEPARTMENT

Supervisor Signature: [Signature] Date: 3-5-09

Inmate: This decision is acceptable to me: YES  NO

Inmate Signature: Amanda K Davis Date: 3-6-09

Administrative Review

Decision: Above answer correct.

Administrator Signature: Lt. Tammy Faulhaber 5816 Date: 3-6-09 @1243

Inmate: This decision is acceptable to me: YES  NO

Inmate Signature: Amanda K Davis Date: 3/10/09





### DALE G. HAILE DETENTION CENTER INMATE GRIEVANCE FORM

tabbies  
Griev 13

Form Received By Deputy (sign) [Signature]  
Deputy Printed Name: Cory Johnson Badge #: 5331 Date: 2/15/09

Inmate Name: Sabrina McGinnis Name Number: 42589 Cell: K6

Status (circle one)      Sentenced      Unsentenced      Federal      State

Description of Grievance: Due to the problems I have suffered and problems I've seen other prisoners suffer since entering this jail I believe I was at great risk of getting very sick or injured because of the dangerous and unhealthy conditions of this jail.  
slamming drains in showers and on floors

Action Requested: Be fix immediately

#### Shift Supervisor Review

Decision: Maintenance is aware of this issue.

Supervisor Signature: [Signature] Sgt. J. S. Moore 5337 Date: 2/16/09

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

This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 2/6/09

#### Administrative Review

Decision: None answer correct

Administrator Signature: [Signature] Lt. Tami Faulhaber 5296 Date: 2/27/09

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

This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 2/27/09



EXHIBIT  
tabbies  
Griev 14

Form Received By Deputy (sign) [Signature]  
Deputy Printed Name, Badge #, Date: Chris [unclear] 1251 3-11-09

Inmate Name: MARTIN, Pedro Name Number: 85572 Cell: C-6  
Status (circle one) Sentenced  Unsented  Federal  State

Description of Grievance: The plumbing in the cell is inadequate and the conditions are poor. My sink leaks and others. Some sinks dont work or they stay on for awhile. The sinks are clogged with rust or lime and no matter what I do I cant get mine off. The toilets dont flush right or flush for awhile then shut off. The showers dont work properly its either really hot or cold sometimes just cold at all of the time. Drains dont work.

Action Requested: for the plumbing problems to be fixed and clean properly.

Shift Supervisor Review

Decision: you will need to speak w/ the pd deputy on the specifics so that they can tell out maintenance requests.

Supervisor Signature: Cpl. Jerome Simon / Sgt. Simon 5518 Date: 3-5-09/1433  
Inmate: [Signature]  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: 3-15-09

Administrative Review

Decision: above answer correct.

Administrator Signature: H. Tami Faulhaber 5596 Date: 3/6/09 @ 1220  
Inmate: [Signature]  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: 3/6/09



DALE G. HAILE DETENTION CENTER  
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tabbles  
GRIEV 15

Form Received By Deputy (sign) *[Signature]*  
Deputy Printed Name, Badge #, Date: Eric Greave 5366 3/4/09

Inmate Name: ALISHA BAKER Name Number: 102573 Cell: JR  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance:  
THIS JAIL NEEDS EQUIPMENT FOR AEROBIC AND WEIGHTS FOR LARGE MUSCLE ACTIVITY. I USED TO WORKOUT 3-5 DAYS A WEEK AND HAVENT BEEN ABLE TO EXERCISE FOR ALMOST FOUR MONTHS NOW DUE TO BEING HELD HERE AT C.C.D.C

Action Requested: WEIGHTS AND AEROBIC EQUIPMENT ADDED FOR REC.

Shift Supervisor Review

Decision: We are not required to provide equipment for exercise. Weights and Aerobic equipment also lead to potential security & safety risks. Sufficient exercise can be done in outside recreation to lead a healthy lifestyle without equipment.  
Supervisor Signature: Eric Greave *[Signature]* 5366 Date: 3/4/09

Inmate: Alisha Baker  
This decision is acceptable to me: YES  NO   
Inmate Signature: *[Signature]* Date: 3/4/09

Administrative Review

Decision: above response correct.

Administrator Signature: Lt. Tami Faulhaber 5286 Date: 3-5-09 00840  
Inmate: Alisha Baker  
This decision is acceptable to me: YES  NO   
Inmate Signature: *[Signature]* Date: \_\_\_\_\_





DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

tabbles  
Grieu 16

Form Received By Deputy (sign) Tami Faulhaber

Deputy Printed Name: Badge #, Date: 303 3/5/09

Inmate Name: Amanda David Name Number: 06811 Cell: H-12  
Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: I am complaining about how we do not get enough recreation time and when we do there is nothing to do all we get to do is walk around, we should be able to get some exercise equipment and we should be able to have more frequent access.

Action Requested:

Shift Supervisor Review

Decision: You have allowed 1 hour 7 times daily weather permitting. Exercise is not a requirement for exercise (run, walk, jog, pushups, sit ups, etc.)

Supervisor Signature: [Signature] Date: 3-5-09 1834

Inmate: This decision is acceptable to me: YES  NO

Inmate Signature: Amanda K David Date: 3/6/09

Administrative Review

Decision: None answer correct. (Circling no before I even answer kind of negates the grievances.)

Administrator Signature: Lt. Tami Faulhaber 2296 Date: 3-6-09 @ 1246

Inmate: This decision is acceptable to me: YES  NO

Inmate Signature: Amanda K David Date: 3/10/09

Grievant



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) *[Signature]* 5362  
Deputy Printed Name: *[Name]* Badge #: *[Number]* Date: *3/4/09* 1800

Inmate Name: *Canapa Misty* Name Number: *259557* Cell: *3C-8*  
Status (circle one) Sentenced  Unsentenced  Federal  State

Description of Grievance: *Recreation Areas and access are not of appropriate accommodations. The area is too small for the amount of inmates (when full or overcrowded) there is walking abilities only. There is no exercise activities at all. We've also been placed with unsanitary conditions in the recreation area as we've often had to share the space with animals! While they've been in the area, and missing in the area, at night, we've had some messes to share our time with! This is not sanitary nor is it appropriate.*

Action Requested: *Provide us with hand balls, hocky sticks or other items that could be of benefit to us with exercising of some machines. Keep the animals out of our recreation areas!*

Shift Supervisor Review

Decision: *Equipment is not allowed for safety & security reasons. You may go outside by yourself to allow more space to exercise. Not so according to most deputies as they agree with minor things like balls & hocky sticks.*  
Supervisor Signature: *Cpt. Jeanne Simon / Cpt. Simon 5318* Date: *3-5-09/0714*

Inmate: *Misty Canapa*  
This decision is acceptable to me: YES  NO   
Inmate Signature: *[Signature]* Date: *3/5/09*

Administrative Review

Decision: *Name answer correct.*

Administrator Signature: *Lt. Tam Faulhaber 5286* Date: *3-6-09 @ 1200*  
Inmate: *Misty Canapa*  
This decision is acceptable to me: YES  NO   
Inmate Signature: *[Signature]* Date: *3/7/09*



DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [Signature]  
Deputy Printed Name, Badge #, Date: Eric Greene S. 366 3/4/09

Inmate Name: QUISHA BAKER Name Number: 102573 Cell: 12  
Status (circle one) Sentenced  Unsented  Federal  State

Description of Grievance:  
I WAS ALLOWED OUTDOOR REC ONCE IN A SIX WEEK PERIOD OF TIME. SOME EXCUSES WERE: OTHER INMATES WERE OUT THERE, MAINTENANCE WAS THEIR EQUIPMENT OUT THERE, ITS WET, THERE'S MATTS OUT THERE, ETC. WERE NOT ASKED IN UNIT 1 IF WE WOULD LIKE TO GO OUTSIDE, WE HAVE TO ASK AND MOSTLY ALL WE HEAR ARE EXCUSES AS TO WHY WE CANT GET FRESH AIR, WE ARE ONLY ALLOWED OUT OF OUR CELLS 1-3 HOURS PER DAY, SINCE WE MOSTLY JUST HEAR EXCUSES, WE OPEN 60 DAYS/ WEEKS WITHOUT OUTDOOR REC.

Action Requested: TO BE ALLOWED OUTDOOR REC MORE FREQUENTLY

Shift Supervisor Review

Decision: Due to winter weather conditions, and as such concern for your health & well-being we are at the mercy of the weather

Supervisor Signature: Eric Greene SFL S366 2310 Date: 3/4/09

Inmate: Quisha Baker  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: \_\_\_\_\_

Administrative Review

Decision: With the coming of Spring, outdoor rec should be available more often.

Administrator Signature: Lt. Tami Faulhaber SFL 6 Date: 3-5-09 @ 015

Inmate: Quisha Baker  
This decision is acceptable to me: YES  NO   
Inmate Signature: [Signature] Date: \_\_\_\_\_



EXHIBIT

Griev 19

DALE G. HAILE DETENTION CENTER  
INMATE GRIEVANCE FORM

Outdoor Rec.



Form Received By Deputy (sign) *[Signature]*

Deputy Printed Name, Badge #, Date: Kelly Bond 3312 3/1/09

Inmate Name: Subra Black Phinnis Name Number: 42589 Cell: 106

Status (circle one) Sentenced  Unsented  Federal  State

Description of Grievance: I don't feel I am getting adequate rec. there is no equipment in exercise at all

Action Requested: equipment running space

Shift Supervisor Review

Decision: you have plenty of room to run while in the outdoor rec area. Request more outside time, weather permitting. You're stated to be not allowed to run. So this is wrong once / more

Supervisor Signature: Cpl. Lannic Simon / Cpl. Simon 5318 Date: 3-5-09/0711

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 3-5-09

Administrative Review

Decision: ~~that~~ You're right. You're not allowed to run. You may walk laps & perform isometric exercises.

Administrator Signature: Lt. Tam Faulhaber 5816 Date: 3-6-09 @ 1205

Inmate: \_\_\_\_\_

This decision is acceptable to me: YES  NO

Inmate Signature: [Signature] Date: 3-6-09