



**TIMOTHY B. HOWARD**  
SHERIFF  
**MARK N. WIPPERMAN**  
UNDERSHERIFF

## SHERIFF OF ERIE COUNTY

*We will site with  
Public Safety Committee.*

August 30, 2012

Hon. Betty Jean Grant  
Chair, Erie County Legislature  
92 Franklin Street, 4<sup>th</sup> Floor  
Buffalo, NY 14202

Re: Informal Grievance Procedure – Second Response

Chairman Grant:

I am in receipt of your correspondence regarding your request for information concerning the informal resolution of inmate grievances/complaints at the Erie County Holding Center and Correctional Facility. Chief of Operations Paul Evans responded to your initial request on 7/16/12, mailing it to your East Delavan office. I consider our grievance program to be one of the most important processes of the Jail Management Division, as it allows inmates and officers the ability to resolve issues on site and without administrative intervention. This fosters better communication between staff and inmates, which in turn creates a better atmosphere within the jail. The ECSO operates the grievance program pursuant to Part 7032 of the NYSCOC Minimum Standards. A brief description of the process is as follows:

Grievance forms are available to all inmates on each housing unit within our facilities. Officers are required to hand out a grievance form upon request. Once the inmate fills out the grievance form and turns it in to the housing unit officer, that officer reviews the grievance and attempts to resolve it informally. If he is not able to do so, the officer will turn the grievance over to the area Sergeant, who will again attempt to resolve the issue informally. Part 7032 of the Minimum Standards allows 24 hours for a grievance to be resolved informally. If the Sergeant is unable to resolve the issue/complaint, or the 24 hour time limit for informal resolution expires, the grievance is then turned over to the facility Grievance Coordinator, who will assign the grievance a number, and review the matter. At this point the grievance is considered formal. Each step of the process described above is documented on the grievance form, and filed after resolution. I have enclosed some examples of informally resolved grievances to this letter.

The process described above is just one of the means at our disposal to deal with inmate questions, concerns, or complaints. In addition to grievance forms, inmates have access to request slips, where they can write to individual departments or personnel within the facilities to have their concerns addressed. While these request slips are not considered to be a part of the grievance program, they are an integral part to successfully interacting with the inmates. The request slip is in triplicate, so the inmate maintains a copy of their request after it has been submitted (pink copy). The recipient of the

request (i.e. Inmate Records, Classification, etc...) issues a written response in the space provided on the request slip, and returns a copy of same to the inmate (yellow copy). The original is filed away in the administrative office.

In addition to the written means of informal resolution, officers and inmates alike are encouraged to deal with issues verbally. I am a strong proponent of this type of interaction, as I feel it fosters a more productive relationship among staff and inmates, and contributes to a better overall atmosphere on the housing units.

In addition to copies of informally resolved grievances and request slip responses, I have also enclosed a copy of our Grievance Program Policy, along with part 7032 of the Minimum Standards. I would welcome the opportunity to discuss this with you further, as I have only barely scratched the surface on this issue.

Please contact me immediately if you have any additional questions or concerns, or would like to come over to the Holding Center for a more detailed discussion and review of the grievance program. In addition, please contact me personally anytime you receive concerns from your constituents, so that I may address them appropriately.

Sincerely,

  
Thomas Diina  
Acting Superintendent

Cc: Sheriff Timothy Howard  
Undersheriff Mark Wipperman

**ERIE COUNTY SHERIFF'S OFFICE  
POLICY AND PROCEDURE  
JAIL MANAGEMENT DIVISION**



**INMATES  
GRIEVANCE PROGRAM**

**Policy # 04-10-00**

**Approved by:**

  
**Robert Koch  
Superintendent**

**Effective Date: October 01, 2010**

**Revision Date: May 2012**

**POLICY:**

In order to provide an effective and impartial procedure for the timely resolution of inmate complaints, the Erie County Sheriff's Office has established an Inmate Grievance Program. All staff members are required to assist inmates in resolving complaints that inmates bring to their attention. If Staff members are unable to resolve an inmate's complaint, they are required to assist the inmate in availing him or herself of the formal Inmate Grievance Process.

A supply of Inmate Grievance forms shall be maintained on each housing unit and shall be provided to inmates upon request. Grievance forms shall not be denied and only the Grievance Coordinator shall determine the merit of a grievance.

**DEFINITIONS:**

**GRIEVANCE:** A written inmate complaint concerning written or unwritten policies, procedures, rules, practices, programs or the action or inaction of any employee.

**PROCEDURE:**

- A. Inmates must file a grievance within five (5) days of the act or occurrence giving rise to the grievance.
- B. Administrative Segregation Decisions, Disciplinary Sanctions, issues related to persons other than the grievant and issues outside the ability of the Superintendent to control shall not be the subject of a grievance and may be returned to the inmate by the Grievance Coordinator. Grievances returned pursuant to this section may not be appealed to the 1<sup>st</sup> Deputy Superintendent or the Citizen's Policy and Complaint Review Council.
- C. Grievances lacking enough specific information to investigate or that are too vague or illegible to understand may be returned to the inmate by the Grievance Coordinator along with a written explanation of the deficiency or information required. Failure to provide the requested information within two (2) business days shall be cause to deny the grievance.

**ISSUANCE:**

A supply of Inmate Grievance Forms and supplements shall be maintained in the housing area officer's desk on each housing area, and shall be made available upon the inmate's request. Facility staff members and supervisors are required to assist inmates in resolving their complaints informally whenever possible and to provide assistance in filing a formal grievance when the complaint cannot be informally resolved.

**STEPS TO INFORMALLY RESOLVE INMATE GRIEVANCES:**

1. When an inmate has a complaint, the housing area officer shall make every effort to informally resolve the issue(s). All attempts and informal resolutions shall be thoroughly documented in the housing area log book.
2. If the housing area officer is unable to resolve the issues or the inmate specifically requests a Grievance form, a Grievance form shall be issued to the inmate and the issuance shall be recorded in the housing area log book.
  - a. In the upper left hand corner of the Grievance form the issuing officer shall write the date issued, the issue being grieved and their name.
3. The inmate shall submit the grievance form along with any additional documents to the housing area officer when complete.
  - a. The submission of the grievance form shall be documented in the housing area log book.
  - b. The housing area officer shall thoroughly document all efforts to informally resolve the grievance in the space provided on the form. The inmate may attach as many additional sheets as is necessary to explain his grievance.
4. The Housing Area Officer shall contact the area Sergeant and advise him/her that they have an inmate grievance to submit.
5. The Sergeant shall document receipt of the Inmate Grievance in the housing area log.
6. The Sergeant shall review the Inmate Grievance and make every effort to resolve the grievance informally. All efforts to resolve the grievance shall be documented in the space provided. If additional space is necessary, the Inmate Grievance Supplemental Form shall be utilized. The name, title and outcome of all interviews shall be documented.
7. If the Sergeant is successful in resolving the inmate's complaint and the inmate agrees to accept the resolution, the inmate shall be required to indicate acceptance of the informal resolution and sign his/her name in the space provided.
8. The grievance form and copies of all additional documents and supplements as well as copies of all documents relied upon in investigating the complaint shall be attached to the Inmate Grievance form, which shall be forwarded to the Grievance Coordinator.
  - a. The Sergeant shall document the informal resolution of the grievance in the housing area log.
9. If the Sergeant is unable to resolve the inmate's complaint, the Grievance form, along with thorough documentation of all efforts at informal resolution, documentation of all interviews and copies of all documents reviewed shall be immediately forwarded to the Grievance Coordinator for processing.
  - a. The submission of the grievance form to the Grievance Coordinator shall be documented in the housing area log.
10. There will be no retaliation against inmates electing to proceed from informal to formal procedures for the resolution of a grievance.

**FORMAL INMATE GRIEVANCES**

- A. Inmates must file a grievance within five (5) days of the act or occurrence giving rise to the grievance. Any time spent attempting to resolve a grievance informally shall not count toward this five (5) day limit.
- B. If an inmate has difficulty reading, writing or communicating in English, or if the complexity of the issues would likely hinder the inmate's ability to adequately express his/her grievance, assistance shall be provided to the inmate upon request.

- C. A written decision shall be rendered within five (5) business days of the Grievance Coordinator's receipt of the grievance. If the grievance coordinator finds merit in the grievance, any remedies or corrective actions shall also apply to any inmate(s) similarly situated.
1. Should the grievant be released from custody prior to the Grievance Coordinator's Decision, the Grievance shall be processed to conclusion and the written decision along with all investigative materials and documentation of any Remedies or corrective actions ordered, shall be sent to the New York State Commission of Correction Citizen's Policy and Complaint Review Council for Review.
- D. Upon receipt of a formal written grievance, the Grievance Coordinator shall review the Grievance form to determine if the grievance is acceptable. The Grievance may be returned to the inmate if:
- 1) **Too vague or illegible to understand.** For example, an Inmate Grievance that states: *"The food here is terrible"* is too vague to investigate as written and may be returned to the inmate along with a written request to provide specific complaints, dates, times, names of witnesses, etc.
  - 2) **Falls to set forth specific facts or supporting evidence.** Inmates are required to provide specific allegations and facts, including names, dates, descriptions of specific locations, descriptions of specific actions or statements, names of witnesses, etc. While additional facts, evidence or information may still be required before the Grievance Coordinator can render a decision on the grievance, enough specific information must be provided by the inmate on which to base an investigation.
    - a. Grievances returned for this reason shall be accompanied by a written request for specific information or evidence. Failure to supply the requested information within two (2) business days shall be cause to deny the grievance.
  - 3) **Pertains to persons other than or to issues not directly related to the Grievant.**
  - 4) **Pertains to Administrative Segregation Decisions or Disciplinary Sanctions.** However, the processes themselves are subject to the grievance process.

**Example:** If an inmate is assigned to a particular housing unit under specific administrative restrictions, in writing, as a result of a properly conducted Administrative Hearing, the housing assignment and restrictions are not subject to the grievance process. **HOWEVER**, if the inmate's grievance complains that was denied his right to respond to the Superintendent, or that he/she was placed in Administrative Segregation without a written determination, those issues **ARE** subject to the grievance process.

**Example:** The specific sanction imposed by a disciplinary committee may be appealed utilizing the disciplinary appeal process, but is not subject to the grievance procedure. **HOWEVER**, if the inmate's complaint is about the Disciplinary Policy, failure to follow established procedures, imposing unauthorized sanctions, etc. those issued **ARE** subject to the grievance process.
  - 5) **Pertains to issues outside the ability of the Chief Administrator to Control.**

**Examples:**

    - The type or amount of bail set by a judge.
    - Sentence imposed by a judge.
    - Violation decisions made by Parole or Probation officials.
    - Specific Medical Treatment Decisions eg: *The specific dose of a specific medication prescribed by the facility physician.*

**E. If the Grievance is accepted for processing, the Grievance Coordinator shall:**

- 1. Assign a Grievance Tracking Number to the Grievance. Grievances shall be numbered consecutively as follows: Current Year (two digits), G (for Grievance) – (dash) then a 3 digit number with lead zeros when necessary. eg: 09G-001, 09G-002, etc.**
- 2. All grievances accepted for processing shall be recorded in a bound log book consisting of consecutively numbered pages, or in an electronic format approved by the Superintendent.**
- 3. The Grievance Coordinator shall cause the grievance to be impartially investigated to the extent necessary to render a decision regarding the merits of the grievance. All such investigations shall be documented on a NYSCOC required Grievance Investigation Form.**
- 4. Upon completion of the investigation, the Grievance Coordinator shall review the Investigation Report and all supporting documents and render a decision on the merits of the Grievance. A written decision shall be forwarded to the grievant within five (5) business days of the Grievance Coordinators receipt of the grievance.**
- 5. If the Grievance Coordinator finds in favor of the Grievant. The Grievance coordinator shall direct in writing that meaningful relief or appropriate remedies be provided to the inmate and all other inmates similarly situated.**

**Appeal of Grievance Coordinator's Decision:**

- A. If the Grievance Coordinator denies the grievance in whole or in part, the grievant may appeal to the Superintendent in writing, within two (2) business days of receipt of the Grievance Coordinators decision.**
  - 1. The grievant shall indicate his / her desire to appeal by placing a mark in the space provided on the Inmate Grievance Form, sign the form in the appropriate location and submit the form to the housing area officer.**
  - 2. The housing area officer shall document receipt of the Grievance form in the housing area Log and forward the Grievance to the Superintendent's Office.**
  - 3. The Superintendent shall review the Grievance and all investigative materials and render a decision in writing, within five (5) business days from receiving the appeal.**
  - 4. If the Superintendent finds in favor of the Grievant, he / she shall direct in writing that meaningful relief or appropriate remedies be provided to the grievant and all other Inmates similarly situated.**

**Appeal to the New York State Commission of Correction:**

- A. Within three (3) business days of the receipt of the chief administrative officer's determination, any grievant may appeal any grievance denied by the facility administrator, in whole or in part, to the State Commission of Correction by indicating his/her desire to appeal on the inmate grievance form in the space provided for such purpose.**
  - 1. Within three (3) business days after receipt of the grievant's notice of appeal, the grievance coordinator shall mail the appeal, the accompanying investigation report and all other pertinent documents to the Commission's Citizens' Policy and Complaint Review Council.**
  - 2. The grievance coordinator shall provide the grievant with a written receipt indicating the date the appeal was submitted to the Citizens' Policy and Complaint Review Council.**

3. Except as provided in paragraph (4) of this section, the Citizens' Policy and Complaint Review Council shall issue a written determination to the appeal within 45 business days of receipt, copies of which shall be sent to the grievant, the chief administrative officer and the grievance coordinator.

If such determination is in favor of the grievant as a matter of law, the chairperson of the Citizens' Policy and Complaint Review Council shall direct the chief administrative officer to comply with the grievance and provide an appropriate remedy.

4. The chairperson of the council may issue written determinations to appeals of classes of grievances as determined by the council. Such determinations shall be issued within 10 business days of receipt and copies shall be provided to the grievant, the chief administrative officer, and the grievance coordinator. A copy shall also be given to the members of the council for their review. If such determination is in favor of the grievant as a matter of law, the chairperson of the Citizens' Policy and Complaint Review Council shall direct the chief administrative officer to comply with the grievance and provide an appropriate remedy.
5. The Superintendent, after implementing the appropriate remedies, shall submit verification of compliance to the Commission's Citizen's Policy and Complaint Review Council. Such verification shall also be included in filed with the Grievance.

#### **Administration and Record Keeping**

- A. The Grievance Coordinator shall develop and maintain centralized records of all grievances filed. At a minimum, such records shall include:
- a. A current copy of 9NYCRR7032 Grievance Program.
  - b. A current copy of JMD #04-10-00 Inmate Grievance Program.
  - c. Copies of all grievances resolved informally.
  - d. Copies of all grievances returned to inmates along with the written explanation why the grievance was not accepted.
  - e. A logbook or approved electronic record of each grievance received for processing. The entry for each grievant shall include at a minimum:
    - i. The Grievance Tracking Number
    - ii. The name of the Grievant
    - iii. The date and time that the Grievance was filed.
    - iv. The date and time the Grievance was received by the Grievance Coordinator.
    - v. A brief statement summarizing the Grievance Coordinator's Decision.
    - vi. The date and time the Decision was reached and forwarded to the grievant.
    - vii. Date and time of Appeal (if applicable)
    - viii. Date and time Appeal received by the Superintendent (if applicable)
    - ix. The Superintendent's decision. (if applicable)
    - x. The date and time the Superintendent rendered his/her decision and forwarded it to the grievant. (if applicable)
    - xi. Date and time of Appeal to the NYSCOC CPCRC (if applicable)
    - xii. Date and time mailed to the NYSCOC CPCRC (if applicable)
    - xiii. The decision of the CPCRC.
  - f. Separate files containing each Inmate Grievance filed, along with copies of all investigative materials, supporting documents, receipts, and correspondence related to that each grievance. The file, grievance and all related documents shall be labeled with the Grievance Tracking Number assigned to that grievance.
- B. All staff (sworn and un-sworn) shall receive formal training in the Inmate Grievance Program, which shall include but not necessarily be limited two:
- a. The requirements set forth in 9NYCRR7032 Grievance Program.
  - b. The requirements of this Policy & Procedure.
  - c. Demonstrate understanding of the employee's role(s) in the Inmate Grievance Process.

# PART 7032 GRIEVANCE PROGRAM

*(Statutory authority: Correction Law, § 45[6])*

**Sec.**

- 7032.1 Policy
- 7032.2 Definitions
- 7032.3 Facility policies and procedures
- 7032.4 Facility program requirements
- 7032.5 Appeal to the Commission of Correction
- 7032.6 Grievance program forms
- 7032.7 Continuation and termination of grievances
- 7032.8 Grievance coordinator responsibilities
- 7032.9 Assistance to inmates
- 7032.10 Recordkeeping -
- 7032.11 Staff orientation
- 7032.12 Applicability

**Historical Note**

*Part (§§ 7032.1-7032.12) filed Dec. 19, 1989 eff. Jan. 3, 1990.*

**§ 7032.1 Policy.**

In order to provide an effective and impartial procedure for the timely resolution of inmate complaints, the chief administrative officer of each local correctional facility shall establish, implement and maintain a formal inmate grievance program. Every effort shall be made to resolve inmate complaints in an informal manner.

**Historical Note**

*Sec. filed Dec. 19, 1989 eff. Jan. 3, 1990.*

**§ 7032.2 Definitions**

As used in this Part, the following definitions shall apply to the terms listed below:

- (a) Grievance shall mean a written inmate complaint concerning either written or unwritten facility policies, procedures, rules, practices, programs or the action or inaction of any person within the facility. Dispositions surcharges and sanctions resulting from disciplinary hearings and administrative segregation housing decisions shall not be the subject of a grievance
- (b) Grievance shall mean an inmate who has filed a grievance pursuant to this Part.

**Historical Note**

*Sec. filed Dec. 19, 1989 eff. Jan. 3, 1990.*

**§ 7032.3 Facility policies and procedures.**

- (a) The chief administrative officer of each local correctional facility shall ensure the development and implementation of written policies and procedures consistent with this Part.

- (b) Such policies and procedures shall include, but are not limited to:
- (1) a detailed description of grievance program operations including steps, timeliness investigative processes and available internal and external appeal procedures.
  - (2) staff responsibilities for functions relative to the grievance program,
  - (3) procedures to ensure grievance program accessibility to inmates;
  - (4) steps to be taken to encourage staff to informally resolve inmate complaints;
  - (5) a statement regarding safeguards for inmates against reprisals for having filed grievance
  - (6) procedures for orientation to the grievance program for all facility staff
  - (7) procedures for corrective action to be taken when a grievance is found to have merit, and
  - (8) an annual review of such policies and procedures and revision, if necessary.

**Historical Note**  
*Sec. filed Dec. 19, 1989 eff. Jan. 3, 1990.*

**§ 7032.4 Facility program requirements.**

- (a) Any inmate incarcerated in a local correctional facility shall be provided access to the facility's grievance program.
- (b) Instructions for filing a grievance shall be included in the facility rules and information as required by section 7002.9(a)(15) of this Chapter.
- (c) Each inmate at any facility shall be advised in writing as to the availability of grievance forms upon admission.
- (d) Facility staff shall make forms readily available so that an inmate may file a grievance. An inmate must file a grievance within five days of the date of the act or occurrence giving rise to the grievance.
- (e) The chief administrative officer of each local correctional facility shall designate a staff member(s) to act as grievance coordinator(s).
- (f) The chief administrative officer or his designee shall ensure that each grievance is investigated to the fullest extent necessary by an impartial person who was not personally involved in the circumstances giving rise to the grievance; provided, however, that a grievance that is too vague to understand or fails to set forth supporting evidence or information may be returned to the inmate. Failure to supply sufficient information or evidence within two days shall be cause to deny the grievance.
- (g) At a minimum, each investigation of an inmate grievance shall include gathering and assessing the following information:
- (1) a description of the facts and issues underlying the circumstances of the grievance;
  - (2) summaries of all interviews held with the grievant and with all parties involved in the grievance;
  - (3) copies of pertinent documents; and
  - (4) any additional relevant information.
- (h) Grievances regarding dispositions or sanctions from disciplinary hearings, administrative segregation housing decisions, issues that are outside the authority of the chief administrative

officer to control, or complaints pertaining to an inmate other than the inmate actually filing the grievance are not grievable and may be returned to the inmate by the grievance coordinator. Such grievances may not be appealed to the chief administrative officer or the Citizens' Policy and Complaint Review Council.

- (l) Within five business days of the receipt of a grievance, the grievance coordinator shall issue a written determination. Such determination shall specify the facts and reasons underlying the coordinator's determination. A copy of such determination shall be provided to the grievant.
- (j) Within two business days after receipt of the grievance coordinator's written determination, the grievant may appeal to the chief administrative officer or his designee.
- (k) Within five business days after receipt of a grievance appeal, the chief administrative officer shall issue a determination on the grievance appeal and provide a copy of such determination to the grievant.
- (i) If the chief administrative officer finds merit in a grievance, he/she shall direct in writing that appropriate remedies or meaningful relief be provided to the grievant and for all others similarly situated.

**Historical Note**

*Sec. filed Dec. 19, 1989; amds. filed: June 5, 1993; Sept. 16, 1997 eff. Oct. 1, 1997.*

**7032.5 Appeal to the Commission of Correction.**

- (a) Within three business days of the receipt of the chief administrative officer's determination, any grievant may appeal any grievance denied by the facility administrator, in whole or in part, to the State Commission of Correction by indicating his/her desire to appeal on the inmate grievance form in the space provided for such purpose.
- (b) Within three business days after receipt of the grievant's notice of appeal, the grievance coordinator shall mail the appeal, the accompanying investigation report and all other pertinent documents to the Commission's Citizens' Policy and Complaint Review Council.
- (c) The grievance coordinator shall provide the grievant with a receipt indicating the date the appeal was submitted to the Citizens' Policy and Complaint Review Council.
- (d)
  - (1) Except as provided in paragraph (2) of this subdivision, the Citizens' Policy and Complaint Review Council shall issue a written determination to the appeal within 45 business days of receipt, copies of which shall be sent to the grievant, the chief administrative officer and the grievance coordinator. If such determination is in favor of the grievant as a matter of law, the chairperson of the Citizens' Policy and Complaint Review Council shall direct the chief administrative officer to comply with the grievance and provide an appropriate remedy.
  - (2) The chairperson of the council may issue written determinations to appeals of classes of grievances as determined by the council. Such determinations shall be issued within 10 business days of receipt and copies shall be provided to the grievant, the chief administrative officer, and the grievance coordinator. A copy shall also be given to the members of the council for their review. If such determination is in favor of the grievant as a matter of law, the chairperson of the Citizens' Policy and Complaint Review Council shall direct the chief administrative officer to comply with the grievance and provide an appropriate remedy.

(e) The chief administrative officer shall submit verification of compliance with the Citizens' Policy and Complaint Review Council's determination as directed by such Council. Such verification shall be filed with the grievance.

#### **7032.6. Grievance program forms.**

Each facility shall utilize both an inmate grievance form and an investigation report form as provided by the Commission of Correction.

#### **7032.7 Continuation and termination of grievances. ✓**

(a) If a grievant is released or transferred from a facility prior to the resolution of a grievance, the chief administrative officer shall cause a determination to be made on such grievance pursuant to the requirements of this Part.

(b) If the chief administrative officer denies such grievance, he or she shall submit the grievance to the Citizens' Policy and Complaint Review Council as set forth in section 7032.5 of this Part.

#### **7032.8 Grievance coordinator responsibilities.**

The grievance coordinator shall act as a liaison between the grievant, the chief administrative officer and the Commission of Correction in all matters that pertain to the inmate grievance program.

#### **7032.9 Assistance to inmates.**

If a grievant is non-English speaking, illiterate or if the complexity of the issue(s) makes it unlikely that the inmate will be able to adequately present the substance of the grievance, upon the grievant's request the grievance coordinator shall ensure that the grievant is assisted in the preparation of the written grievance and at other stages of the grievance process in which assistance is needed. A grievant may seek the assistance of other inmates with the approval of the chief administrative officer.

#### **7032.10 Recordkeeping.**

Each chief administrative officer shall develop a centralized record of all grievances.

#### **7032.11 Staff orientation.**

All facility staff shall receive an orientation to the grievance program.

#### **7032.12 Applicability.**

The requirements of this Part shall not apply to local correctional facilities operated in cities with a population of one million or more.

Inmate Grievance Form

Grievance #

G -

Facility: ERIE COUNTY HOLDING CENTER

Name of Inmate: James O'Donnell ICN # 00000831<sup>28</sup> HU # gulf north<sup>cell #3</sup>

Brief Description of the Grievance (Completed by the grievant): Number of Additional Sheets Attached ( )

Since I've been an inmate in Gulf North. There's been various problems with deputy Holder and myself and fellow inmates. The first issue, deputy Holder is racist and belittles myself and other inmates. There's also the issue of him sleeping on the job on numerous occasions with eyes blood shot. I don't find anybody in this unit safe. If any inmates had a problem with one another he would be to late because of sleeping or would take sides.

Action requested by the grievant (Completed by the grievant): Number of Additional Sheets Attached ( )

Action! discuss issues with inmates and in my housing unit to verify my claims and hopefully reassign a different/deputy to shift

Grievant Signature: James O'Donnell Date/Time Submitted: 2/2/12 9:45 PM  
Receiving Staff Signature: [Signature] Date/Time Received: 2-2-12 22:25

Summary of facility staff attempts to resolve (Attach relevant documentation) Number of Additional Sheets Attached ( )

unable to resolve issue at this time  
DID SPEAK WITH I/M. I/M STATED THAT HE SAID SOME THINGS OUT OF ANGER THAT WERE NOT ACCURATE. I/M DID SAY HE HAD DEPT. & ISSUES RESOLVED. I/M ADMITTED THAT HE SAID THERE WAS A LACK OF COMMUNICATION. ISSUES RESOLVED INFORMALLY. [Signature] 2/6/12

Officer/Supervisor Signature

I accept this resolution  I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: James O'Donnell Date: 2/06/12 Time: 16:30

Forwarded to Grievance Coordinator  
Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Grievant Coordinator  
Signature of Grievance Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_  
(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)

Inmate Grievance Form

Grievance #

G -

Facility: ERIE COUNTY HOLDING CENTER

Name of Inmate: George A. Bowser ICN# 3707 HVU# D-SH-49

Brief Description of the Grievance (Completed by the grievant): Number of Additional Sheets Attached ( )

For over a week now actually close to 2 wks. I've been without my back pain medication, I was informed last night during sick-call my prescription was wrote for 30 days on the 3rd I was then given a tyonal 3 last night though I've yet to receive a single one.

Action requested by the grievant (Completed by the grievant): Number of Additional Sheets Attached ( )

For my medication to be wrote in 60 day scripts an to write another script 5 days prior to ensure that I'll not go without at any time. (5 days prior to end of script) Thank-you.

Grievant Signature: George A. Bowser Jr. Date/Time Submitted: Feb. 17, 2012

Receiving Staff Signature: Date/Time Received:

Summary of facility staff attempts to resolve (Attach relevant documentation) Number of Additional Sheets Attached ( )

Your medication is PRN, you must ask for med during med pass.

Officer/Supervisor Signature

I accept this resolution

I do not accept this resolution and wish to file a formal grievance

Signature of INMATE:

George A. Bowser Jr.

Date: 2/3/2012 Time: 2:25

Forwarded to Grievance Coordinator

Officer/Supervisor Signature:

Date: Time:

Received by Grievant Coordinator

Signature of Grievance Coordinator:

Date: Time: 17D-3

(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)

1/29/12  
Medical <sup>1076</sup>  
#57 Mendola, Kevin

Inmate Grievance Form

Grievance #  
\_\_\_\_\_ G - \_\_\_\_\_

Facility: **ERIE COUNTY HOLDING CENTER**

Name of Inmate: Mendola, Kevin ICN # 87954 HU # CH-16 57

**Brief Description of the Grievance (Completed by the grievant):** Number of Additional Sheets Attached ( )  
2 of the past 3 days I did NOT receive my morning dose of  
control meds - Lyrica, this medication is very important.  
I have severe nerve damage in my hand and arm from  
cutting off my finger 2 years ago. I informed the deputy  
and he agreed to call for me. I waited patiently and  
it is now 2 PM - time for my afternoon dose. I am in a  
TON of pain and the sensations/involuntary movements are  
horrible.

**Action requested by the grievant (Completed by the grievant):** Number of Additional Sheets Attached ( )  
Since its too late to get my morning dose there isn't  
much I can do but this is a serious issue and its not  
my first time having this problem. I don't know if  
grievances are kept on file but I have filed several.  
I would like to speak to someone, maybe a doctor or  
someone in charge so that I can be sure that someone is  
aware of this issue.

Grievant Signature: Kevin Mendola Date/Time Submitted: 1/29/12 2:00 PM

Receiving Staff Signature:  Filipki Date/Time Received: 1/29/12 1425

**Summary of facility staff attempts to resolve** Number of Additional Sheets Attached ( )  
**(Attach relevant documentation)**  
I (Deputy Filipski) contacted Medical to inquire about inmate  
Mendola's morning controlled medication at approximately 1200 hours and talked to  
Marcia, she told me that they (Medical) will take care of it. I didn't hear anything  
else until the controlled medication nurse arrived on my unit at 1420 hrs, she  
offered Mendola his meds and told him they changed his dose and times that he will  
receive them. Inmate Mendola refused to take his meds, insisting that Medical was  
wrong, that they didn't change his dose and time. Issue resolved meds restored as ordered.

Officer/Supervisor Signature:  Filipski

I accept this resolution  I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: K Mendola Date: 1/31/12 Time: 11:50

Forwarded to Grievance Coordinator

Officer/Supervisor Signature:  Date: 1/31/12 Time: 11:50

Received by Grievant Coordinator

Signature of Grievance Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Inmate Grievance Form

Grievance #  
\_\_\_ G - \_\_\_

Facility: **ERIE COUNTY HOLDING CENTER**

Name of Inmate: Cheryl Lynn Gull ICN # 117713 H/U # Alpha Short # 5A

**Brief Description of the Grievance (Completed by the grievant):** Number of Additional Sheets Attached ( )

I have written numerous amounts of PG slips to see the doctor. I am NOT done deloking - I still have headaches, sweats, shaky hands, SEVERE back pain, can only eat small amounts or get sick and I sleep 3 hours a night. I keep being told im going to be seen yet I havnt.

**Action requested by the grievant (Completed by the grievant):** Number of Additional Sheets Attached ( )

TO BE SEEN! PLEASE.

Grievant Signature: Cheryl Lynn Gull Date/Time Submitted: 1/23/12 - 10PM

Receiving Staff Signature: [Signature] 1372 Date/Time Received: 1/23/12 2215 hrs

**Summary of facility staff attempts to resolve** Number of Additional Sheets Attached ( )

(Attach relevant documentation)  
IM will be seen on sick call 1-24-12 on AFTERNOON  
1-24-12 1510

Officer/ Supervisor Signature [Signature]

I accept this resolution  I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: [Signature] Date: 1-24-12 Time: 1212

Forwarded to Grievance Coordinator  
Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Grievant Coordinator  
Signature of Grievance Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)

Inmate Grievance Form

Grievance #  
\_\_\_\_\_ G - \_\_\_\_\_

Facility: **ERIE COUNTY HOLDING CENTER**

Name of Inmate: Samuel Vigraas ICN # 81135 HVU # Charlie Jones

**Brief Description of the Grievance (Completed by the grievant):** Number of Additional Sheets Attached ( )

I have put in numerous personal grievances to receive a religion change to muslim. I have been repeatedly denied Jummah services and also requests to speak to a sergant, to discuss these denials. By being denied my religious services it keeps me from furthering my religious status. These denials are also a violation of my constitutional rights. I feel these denials are also a cause of certain deputies personal vendettas against me.

**Action requested by the grievant (Completed by the grievant):** Number of Additional Sheets Attached ( )

I would like my religion status changed in the jail records. And I would also like my name added to the Jummah services. I wish I would also like to attend these services on a steady basis without denials from spiteful deputies.

Grievant Signature: [Signature] Date/Time Submitted: 2/10/2012 14:00

Receiving Staff Signature: [Signature] #1348 Date/Time Received: 2/10/2012 19:05

**Summary of facility staff attempts to resolve** Number of Additional Sheets Attached (2)

(Attach relevant documentation)  
DID SPEAK TO IMAM VIGRAAS ABOUT RELIGIOUS AFFILIATION. IMAM STATES HE IS JEWISH. I DID INSTRUCT IMAM VIGRAAS TO FILL OUT PG SLIP TO IMAM FOR CHANGE IN RELIGIOUS AFFILIATION. IMAM STATES HE HAS BEEN A MUSLIM SINCE 2008 & ERROR OCCURED IN DATA INPUT IN BOOKING. I WILL PLACE PG SLIP IN IMAM MAILBOX & FOLLOW UP. 2/10/12

Officer/ Supervisor Signature: [Signature] #51

[Signature] I accept this resolution

I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: [Signature] Date: 02/10/12 Time: 14:30

Forwarded to Grievance Coordinator

Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Grievant Coordinator

Signature of Grievance Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)

Inmate Grievance Form

Grievance #  
G-\_\_\_\_\_

Facility: **ERIE COUNTY HOLDING CENTER**  
*P. Moreno*

Name of Inmate: P. Moreno ICN # 131583 H/U # B-LG-11

**Brief Description of the Grievance (Completed by the grievant):** Number of Additional Sheets Attached ( )

On 12-12-11 I arrived here from DOCS (Attica) after having testified before the Grand-Jury. I was placed on a hold by the court until the 19<sup>th</sup> which has come and gone. The hold was to be until a disposition was rendered by grand-jury. I've tried calling on both my lawyer and D.A. to inquire as to outcome of grand-jury proceeding and if hold could be lifted so I can be returned to state,

**Action requested by the grievant (Completed by the grievant):** Number of Additional Sheets Attached ( )

If ADA Ashley M. Morgan (716) 858-2474 could be contacted and inquiry made as to result of grand jury proceeding and whether hold has been lifted so I can be returned to state custody. (ECDA File No. 02426-2011.

Grievant Signature: P. Moreno Date/Time Submitted: 12-9-12 / 5:00 pm

Receiving Staff Signature: [Signature] Date/Time Received: 1/9/12 1300hrs

**Summary of facility staff attempts to resolve (Attach relevant documentation)** Number of Additional Sheets Attached ( )

A call was made to records regarding this T/M's situation but no new information was available at that time.

PM Court 1/10/12 - You have a hold from (Judge Burn)  
This is out of authority, not grievable

Officer/ Supervisor Signature \_\_\_\_\_

I accept this resolution  I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: P. Mo Date: \_\_\_\_\_ Time: \_\_\_\_\_

Forwarded to Grievance Coordinator

Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Grievant Coordinator

Signature of Grievance Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)

Inmate Grievance Form

Grievance #       G      

Facility: **ERIE COUNTY HOLDING CENTER**

Name of Inmate: William Maurer ICN# 103756 H/U# Charlie-long #14

**Brief Description of the Grievance (Completed by the grievant):** Number of Additional Sheets Attached ( )

I am writing this Grievance because i have been in the Holding center for two and a half month and i have been asking for a pillow the whole time I have wrote slips to linen and to sergeants and nothing has been done. now because i have no pillow and i sleep on a paper this mat my neck and back are in very bad pain to the point wher it even hurts to turn my neck

**Action requested by the grievant (Completed by the grievant):** Number of Additional Sheets Attached ( )

The action i would like is get me a pillow the inmate hand book on page 6 states that i was to be provided one when i came in to the Holding center

Grievant Signature: William Maurer Date/Time Submitted: 2-28-12 7:05pm

Receiving Staff Signature: \_\_\_\_\_ Date/Time Received: \_\_\_\_\_

**Summary of facility staff attempts to resolve** Number of Additional Sheets Attached ( )  
*(Attach relevant documentation)*

1 Pillow brought up from Linen Room at 2100 on Feb 28th 2012

Officer/ Supervisor Signature William Gruber  
William Gruber

I accept this resolution  I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: William Maurer Date: 2-28-12 Time: 20:00

Forwarded to Grievance Coordinator

Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Grievant Coordinator

Signature of Grievance Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

*(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)*

Inmate Grievance Form

Grievance #

G-

Facility: ERIE COUNTY HOLDING CENTER

Name of Inmate: Darren Curry ICN# 35547 HU# charlie long 24 cell

Brief Description of the Grievance (Completed by the grievant): Number of Additional Sheets Attached ( )

I've been sentenced to 8 months and 6 months to be ran together with my parole violation time. not to be done separately. I am not trying to be doing any separate sentence that the judge did not order. This facility is keeping me here trying to make 4/21/12 my outdate I have my county time ran concurrent with my parole violation time. Im already sentenced to a time assessment for parole and ready to go why am I watching everyone else leave, but me. Ive been sentenced since 3/6/12.

Action requested by the grievant (Completed by the grievant): Number of Additional Sheets Attached ( )

I want to be on the next draft upstate because I was not sentenced to have to serve my concurrent sentence before I go upstate. I want to get upstate and serve my time. Remember I am state property by law. Lets keep it clean!

Grievant Signature: Darren Curry Date/Time Submitted: 10:30 am 3/26/12

Receiving Staff Signature: [Signature] 1319 Date/Time Received: 11:20 3/26/12

Summary of facility staff attempts to resolve (Attach relevant documentation) Number of Additional Sheets Attached ( )

Spoke with Dep. Diamond (in charge of state trips). Curry paperwork checked, he is on list to leave very shortly. Situation explained that for security purposes he can not know date.

Officer/Supervisor Signature: Sgt Reynolds (Reynolds) 5-31

I accept this resolution I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: [Signature] Date: 3/26 Time: 11:50 am

Forwarded to Grievance Coordinator

Officer/Supervisor Signature: Date: Time:

Received by Grievant Coordinator

Signature of Grievance Coordinator: [Signature] Date: 3/28/12 Time:

(Grievance must be forwarded to Grievance Coordinator within 24 hrs of submission)

Complaint/Grievance Form

Facility: Erie County Holding Center Grievance #: \_\_\_\_\_

Name of Inmate: Armando Torres ICN #: 75425 HCU #: Gulf East

Brief Description of the Grievance (Completed by the grievant): Number of Additional Sheets Attached ( )
For the last two Sunday's I've been unjustly denied access to openly practice my faith as Protestant in Church Services. To my knowledge via Gulf East Deputies, I am Not Admin. Serv. <sup>restricted</sup> and Not deemed a threat to the safety, security and/or good order of the facility. The dates of the two denials are today the 15<sup>th</sup> and last Sunday the 8<sup>th</sup>. I am also not a late add on to the protestant list. Also, I am not the only person that's been denied access to attend Protestant Services, but maybe the only grievant.

Action requested by the grievant (Completed by the grievant): Number of Additional Sheets Attached ( )

That the Deputy and/or Deputies that is responsible for my continued denial to openly practice my faith, to hereby be reprimand for his and/or their misconduct in referring to follow ECHC protocol via Inmate Handbook revised February 2012. And my access to all future Protestant Services as long as I do not threaten the safety, security and/or good behavior of this facility

Grievant Signature: [Signature] Date/Time Submitted: April 15, 2012

Receiving Staff Signature: Dep. V. [Signature] Date/Time Received: 4/15/12

Summary of facility staff attempts to resolve (Attach relevant documentation) Number of Additional Sheets Attached ( )

On 4/13/12 at approx. 1915 A Catholic & Protestant list was taken by Dep. Chojanski & logged in book. (3) signed up including Torres. On 4/15/12 Dep. Gangloff called for the list and no list was available. Inmate Torres is listed as Protestant and will be afforded services as reported.

Officer/Supervisor Signature: [Signature]

X I accept this resolution I do not accept this resolution and wish to file a formal grievance

Signature of INMATE: [Signature] Date: 4/18/12 Time: \_\_\_\_\_

Forwarded to Grievance Coordinator

Officer/Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Received by Grievant Coordinator

Signature of Grievance Coordinator: [Signature] Date: 4/15/12 Time: 2:00

**ERIE COUNTY SHERIFF'S OFFICE  
JAIL MANAGEMENT DIVISION**

TO:

SUPT: \_\_\_\_\_ DEP. SUPT.: \_\_\_\_\_  
 LEUTENANT SERGEANT: St. Blais CLERK: \_\_\_\_\_  
 SPECIAL SERVICE OFFICER: \_\_\_\_\_  
 CHAPLAIN: \_\_\_\_\_

NOTARY: \_\_\_\_\_ CLINIC: \_\_\_\_\_  
 PRE-TRIAL: \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_

DATE: 6/30 20 12 TIME: 11pm AM/PM HOUSING UNIT: DET 1A

DEPUTY SIGNATURE: [Signature] BADGE NO.: 1680 10854

INMATE'S NAME: James Switkowski CELL # D-40

ICW: 85665

REQUEST: To please use a land line to contact family. No 1 knows im here

716-830-8171 at 7am  
842-8300 CASIL on 4:30pm  
5000-8000

She works in between those hours. THANK you for your time

DISPOSITION: Call given 7-112 Party needed 1744 to 755

IF YOU WISH TO FILE A GRIEVANCE, PLEASE REFER TO THE INMATE HANDBOOK ON PROPER PROCEDURE TO FILE.

**ERIE COUNTY SHERIFF'S OFFICE  
JAIL MANAGEMENT DIVISION**

TO: Protestant

SUPT: \_\_\_\_\_ DEP. SUPT.: \_\_\_\_\_  
 LEUTENANT SERGEANT: \_\_\_\_\_ CLERK: \_\_\_\_\_  
 SPECIAL SERVICE OFFICER: \_\_\_\_\_  
 CHAPLAIN: \_\_\_\_\_

NOTARY: \_\_\_\_\_ CLINIC: \_\_\_\_\_  
 PRE-TRIAL: \_\_\_\_\_ OTHER (SPECIFY): \_\_\_\_\_

DATE: \_\_\_\_\_ 20 \_\_\_\_\_ TIME: \_\_\_\_\_ AM/PM HOUSING UNIT: \_\_\_\_\_

DEPUTY SIGNATURE: \_\_\_\_\_ BADGE NO.: \_\_\_\_\_

INMATE'S NAME: Erin Smith CELL #: 056

ICW: 035120

REQUEST: I would like to come to the Protestant services. When I came

in I put Patina's name on my religious list

DISPOSITION: Please allow this change to 7/8/12  
Register or protestant and allow this inmate to attend protestant services  
Chaplain & Priest 4/15/12

IF YOU WISH TO FILE A GRIEVANCE, PLEASE REFER TO THE INMATE HANDBOOK ON PROPER PROCEDURE TO FILE.