



OFFENDER

STEP 1 GRIEVANCE FORM

1112

OFFICE USE ONLY

Grievance #: _____
 Date Received: _____
 Date Due: _____
 Grievance Code: _____
 Investigator ID #: _____
 Extension Date: _____
 Date Retd to Offender: _____

Offender Name: [REDACTED] TDCJ # [REDACTED]
 Unit: MARK STILE Housing Assignment: [REDACTED]
 Unit where incident occurred: MARK STILES UNIT

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)? K. COLEMAN-mail room Representative when? 4-19-2013

What was their response? THAT I HAVE THE RIGHT TO APPEAL THE DENIAL

What action was taken? SHE ASK ME TO SIGN AN APPEAL FORM

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

I AM Filing THIS GRIEVANCE TO APPEAL A PUBLICATION DENIAL OF THE UNDER LOCK & KEY MARCH-APRIL 2013 THAT WAS DENIED TO ME ON 4-19-2013 BY THE MAIL ROOM REPRESENTATIVE MRS K. COLEMAN BECAUSE IT SUPPOSEDLY CONTAINS INFORMATION ABOUT A HUNGER STRIKE. THIS CONSTITUTES A VIOLATION OF MY FIRST AMENDMENT RIGHT TO THE UNITED STATES CONSTITUTION WHICH I AM ENTITLED TO MY FREEDOM OF SPEECH AND OF THE PRESS AND I SHOULD NOT BE DENIED MY CIVIL RIGHTS TO EXERCISE MY FREEDOM OF SPEECH BY RECEIVING PUBLICATIONS THAT ARE AUTHORIZED BY THE LAW TO PUBLISH SUCH INFORMATION. FURTHER, THAT HUNGER STRIKE INFORMATION DOES NOT CONSTITUTE A PENOLOGICAL VIOLATION THEREFORE IS NOT UNAUTHORIZED PUBLICATION. I AM RESPECTFULLY REQUESTING THE DECISION OF THE DIRECTOR'S REVIEW COMMITTEE TO DENY ME THIS PUBLICATION BE OVERTURNED DUE TO THE FACT THAT THERE IS NOTHING IN THIS PUBLICATION THAT CONSTITUTE A PENOLOGICAL VIOLATION OR ANY VIOLATION OF THE TEXAS PENAL CODE OR OF THE POLICY OF THIS AGENCY. FURTHERMORE, FURTHERMORE THE SUPREME COURT OF THE UNITED STATES HAS HELD THAT THE

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First Amendment of the Constitution, entitles Prisoner to receive and send ~~mail~~ TO ANY PUBLISHER. Further there is NO A RATIONAL SECURITY REASON TO RESTRICT PUBLICATION solely because it contains information about HUNGER STRIKES. Therefore this constitutes a VIOLATION OF MY FIRST AMENDMENT RIGHT TO THE UNITED STATES CONSTITUTION THAT PROTECTS MY FREEDOM OF SPEECH OF THE PRESS. MTM DISTRIBUTORS PUBLICATION ARE LEGITIMATE AUTHORIZED PUBLICATIONS

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Action Requested to resolve your Complaint: THAT THE UNDER LOCK & KEY PUBLICATION BE DELIVERED TO ME, THAT THIS DENIAL BE OVERTURNED

Offender Signature: [Redacted] Date: 4-22-2013

Grievance Response:

Signature Authority: _____ Date: _____

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.

- 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. 1/2 sheet
- 9. Redundant, Refer to grievance # _____
- 10. Illegible/Incomprehensible. *
- 11. Inappropriate. *

UGI Printed Name/Signature: Darius Lewis 399

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

Medical Signature Authority: _____

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Initial Submission	UGI Initials: <u>LD</u>
Grievance #:	<u>2013132020</u>
Screening Criteria Used:	<u>8</u>
Date Recd from Offender:	<u>4-22-13</u>
Date Returned to Offender:	<u>4-22-13</u>
2nd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____
3rd Submission	UGI Initials: _____
Grievance #:	_____
Screening Criteria Used:	_____
Date Recd from Offender:	_____
Date Returned to Offender:	_____