1/26/19



OFFENDER GRIEVANCE

State Form 45471 (R4 / 4-17) DEPARTMENT OF CORRECTION K McDonald

FOR OFFICIAL USE ONLY

Grievance number

107899

	To:	Facility C		Date (month, day, year)	
1	Facility Grievance Specialist	1000		6/20/19	
	From (name, of offer	DOC number		Signature of offender	
Ì	Housing assignment		Date of inciden	nt (month, dey, year)	
	SCU 18/09		(a/	17/19	·
	Provide a brief, clear statement of your complaint (NOTE: A Single ONE-sided sheet of paper may be	oe affached if necessary to	explain your une	evance.)	
	An M.I.M. Dub	lication wa	as Seiz	red upon arrival.	I was
	informed it was due to an STG reference. I don't see how an historical reference to what the facility believes				
	is STG is a legitimate threat to Safety and security				
	of the facility. This seems like political & censor = hip to				
	no ubich is a clear violation of My 1st anmendment				
	right, which I still retain as a prisoner.				
	1 Jan 1			•	
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				, .	
	State the relief that you are seeking.				
	That I was Stolen	le given	m/	mail that	
	was Stolen	upon as	rival.		

Signature of Facility Grievance Specialist

B. Trembles Y.a.

Date (month, day, year)

06-24-19