

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas  
State Claims Commission

DEC 09 2014

BEFORE THE STATE CLAIMS COMMISSION  
Of the State of Arkansas

RECEIVED

D17.

- ☐ Mr.  
☐ Mrs.  
☐ Ms.  
☐ Miss

Michael Bowden, #088956, Claimant

vs.

State of Arkansas, Respondent

Dept. of Corrections

COMPLAINT

Personal Injury, Failure to  
Follow Procedures, Mental An

Michael Bowden, #088956, the above named Claimant, of POB 600, Grady, AR 71644  
(Name) (Street or R.F.D. & No.) (City)  
AR 71644 County of LINCOLN represented by PROSE  
(State) (Zip Code) (Daytime Phone No.) (Legal Counsel, if any, for Claim)

of (Street and No.) (City) (State) (Zip Code) (Phone No.) (Fax No.) says

State agency involved: Arkansas Department of Correction Amount sought: \$50,000

Month, day, year and place of incident or service: 14 December 2012

Explanation: On 14 December 2012, by admitted negligence of Correction Officers Gary Williams and Shirley Hudson, I was injured (resulting in cancer of the larynx, the point of injury) and property was stolen as a result of an unprovoked assault by multiple escaped inmates from punitive barracks who stood in plain view of both Williams and Hudson for an extended amount of time before the assault. My cancer developed immediately following the assault at the exact point of injury on my throat where I was choked to unconsciousness; a direct result of the assault. My grievances were found to be fully exhausted, by the federal court, due to administration's attempts to thwart my remedy efforts to use the ADC grievance system. My claim is for personal injury, disability, and loss of property due to State employee negligence. Supporting documentation attached.

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: (1) Has claim been presented to any state department or officer thereof  
NO; when? (Yes or No) (Month) (Day) (Year) to whom? (Department)  
and that the following action was taken thereon:

and that \$ was paid thereon: (2) Has any third person or corporation an interest in this claim? No; if so, state name and address  
(Name) (Street or R.F.D. & No.) (City) (State) (Zip Code)  
and that the nature thereof is as follows:  
and was acquired on in the following manner

THE UNDERSIGNED states on oath that he or she is familiar with the matters and things set forth in the above complaint, and that he or she verily believe that they are true.

MICHAEL BOWDEN  
(Print Claimant/Representative Name)

Michael Bowden  
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

(SEAL) Edward Lane  
Notary Public  
State of Arkansas  
Lincoln County

on this 1st day of December

Grady (City) (State) AR  
2014 (Year)

Commission # 12362690  
Commission Expires July 20, 2017

Edward Lane  
(Notary Public)

SFI-R799

My Commission Expires:

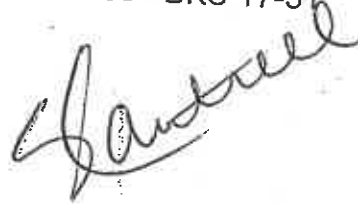
July 20 2017  
(Month) (Day) (Year)

ARKANSAS DEPARTMENT OF CORRECTION  
VARNER UNIT  
INTER-OFFICE COMMUNICATION

---

TO: Inmate Bowden, Michael ADC #088956 BKS 17-31  
FROM: Sharon L. Cantrell, Grievance  
RE: Pink copies of grievances  
DATE: March 7, 2013

---



Attached are your three pink copies of your Step One (1) Informal grievances. I inadvertently picked these up with some other papers and placed them in my notebook. Sgt. Burchfield asked me about them last night; she said you had asked her about them. I apologize for any inconvenience this may have caused.

Cc: File

# UNIT-LEVEL GRIEVANCE

M (Attachment I)

Unit/Center Varner

Name Borden M.

ADC# 889560

Brks # 17

Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. #

Date Received:

GRV. Code #:

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Hostile refused to sign Sgt. Mingo & Sgt.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today, I was attacked and injured by at least two punitive inmates from 11 barracks who were in an unauthorized housing area. Two of the group who attacked me were identified as Justin Cartwright # 140279 and Ivory Johnson # 132361. I was Johnson who attacked me from behind and used my neck with a choke hold. The attack was made in plain view of the officer assigned to the area C.O. S. Hudson. Prior to the attack there were several punitive inmates standing in the area in two 5'x8' victim. It was a clear breach of security and lax of duty for these punitive inmates to be standing and stalking potential victims. I failed to insure my safety by following the punitive inmates past the North 4 riot note (C.O. G. Williams post). During the attack, the attackers wore hoods, and stole my \$1000.00 holding notebook. I am requesting that all video recordings from 11 barracks hallway, through the barracks hallway, including connecting hallways, be preserved for Court.

Melvin Borden  
Inmate Signature

Date

12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM-SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No)

Staff Who Received Step Two Grievance: Sgt. D. Burchfield

Date: 1-24-13

Action Taken: forwarded

(Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_

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

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two.

Unit/Center Vanner

Name Burton, M

ADC# 88956

Brks # 17

Job Assignment Picket Person

FOR OFFICE USE ONLY	
GRV. #	
Date Received:	
GRV. Code #:	

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Sgt. Master refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Torby I was affected by a group of inmate inmates in an area outside their designated area (in the hallway between 13-14 and 15-18 barracks. These inmates are all class III-IV and are on punitive status. ADC chose to sit these inmate inmates in the middle of population. As a result these inmate can attack everytime their barracks doors open causing havoc throughout population. (Ganging up in various areas looking at different areas in the hallway and threatening others). The punitive group was out of their barracks for several minutes on hold without supervision. The officers who could have prevented the attack were in fear of these inmate inmates and allowed them to do as they pleased. The attack on me has happened several times before to others but ADC refused to remedy the problem. Also, the method of attack was a copy of what was shown on T.V. on a late night program in the punitive barracks.

Michael B. Bond  
Inmate Signature

12/14/12  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be **Step One** and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) \_\_\_\_\_ ID Number \_\_\_\_\_ Staff Signature \_\_\_\_\_ Date Received \_\_\_\_\_  
Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 1-24-13 (date), pursuant to **Step Two**. Is it an Emergency? \_\_\_\_\_ (Yes or No).  
Staff Who Received Step Two Grievance: Sgt. D. Burdett Date: 1-24-13  
Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13  
If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

REIMBURSEMENT LIEN ISSUE  
UNIT LEVEL GRIEVANCE M (Attachment I)

Unit/Center VANOC

Name Bowdon, M

ADC# 88956

Brks # 17

Job Assignment Picket Person

FOR OFFICE USE ONLY	
GRV. #	
Date Received:	
GRV. Code #:	

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)  
If the issue was not resolved during Step One, state why: Sgt. Hester refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mental.  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Today, I was attacked by inmate  
James Smith in ambush by the connecting hallway just  
North 4 corridor. My entire Holiday Barkane tub with  
approximately 100 lbs was taken by at least four inmates  
Justin Catwright #140279 and Tracy Johnson #132361.  
These inmates were out of a group standing in an unauthorized  
area waiting for a victim and at close view of Co. S. Hinson and  
Co. G. Williams. I want to be reimbursed for my loss (including  
laundry bag from commissary) and ask that a LIEN be placed on  
the two identified attackers accounts for the full amount of my  
loss.

Michael Bowdon  
Inmate Signature

12/14/12  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance  
(Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name  
of the person in that department receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received  
Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Staff Signature & Date Returned Inmate Signature & Date Received  
This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).  
Staff Who Received Step Two Grievance: M. D. Brown Date: 1-24-13  
Action Taken: Forwarded to Grievance Officer/Warden/Other Date: 1-24-13  
If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two



**UNIT LEVEL GRIEVANCE FORM (Attachment I)**

Unit/Center Varner

Name Burton, M

ADC# 88956 Brks # 17 Job Assignment Picket Patrol

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Sgt. Master refused to speak

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

During inmates in an area outside their designated rooms. In the hallway between 13-14 and 15-18 barracks. These inmates are all inmate inmates in the middle of population. As a result, these inmates can reach everything their barracks doors open, causing all at different areas in the hallway and threatening others. The inmate group was out of their barracks for several minutes to an hour without supervision. The officers who could have prevented the attack were in fear of these inmate inmates and allowed them to go back into their barracks. The attack on me has happened several times before. Also, the method of attack was a copy of what was shown on T.V. on a late night program in the punitive barracks.

Inmate Signature [Signature]

Date 12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

**THIS SECTION TO BE FILLED OUT BY STAFF ONLY**

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Describe action taken to resolve complaint, including dates

Date Received

This issue is under investigation

Staff Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: [Signature] Date: 1-24-13

Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

# UNIT LEVEL GRIEVANCE Form M (Attachment I)

Unit/Center Varnes

Name Bauden, M

ADC# 88956

Brks# 17

Job Assignment Robert Person

FOR OFFICE USE ONLY

GRV. #

Date Received:

GRV. Code #:

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)  
If the issue was not resolved during Step One, state why: Sgt. Hester refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Today I was attacked by inmate

inmates in a ambush in the Inmate Dining Hall. I was taken by at least four inmates  
approximately 11:00 am. I was taken by at least four inmates  
Therese Catwright #140279 and Turey Johnson #132361.  
These inmates were sort of a group standing in an unorganized  
area waiting for a victim and at that time I was taken by  
CH. G. Williams. I want to be reimbursed for my loss (including  
laundry bag from commissary) and ask that a LEAD be placed on  
the file identified as inmate accounts for the full amount of my  
loss.

Michael Bauden

Inmate Signature

12/14/12  
Date

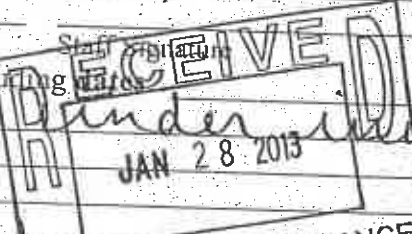
If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number

Describe action taken to resolve complaint, including \_\_\_\_\_



Date Received

Staff Signature & Date Returned

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: St. Liburd Date: 1-24-13

Action Taken: Forwarded to Grievance Officer/Warden/Other Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

# UNIT LEVEL GRIEVANCE M (Attachment I)

Unit/Center Varner

Name Bruden, M.

ADC# 88956 Brks # 17 Job Assignment Picket Guard

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Sgt. Mingo & Sgt. Hobbs refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today I was attacked and injured by at least two punitive inmates from 11 barracks who were in an unauthorized housing area. Two of the group who attacked me were identified as Justin Montuono # 140279 and Tanya Johnson # 132361 from 11 barracks. It was Johnson who attacked me from behind and struck me with a photo hold. The attack was made in plain view of the officer assigned to the area, C.O. S. Hudson. Prior to the attack there were several punitive inmates standing in the area under a sign Vietnam. It was a clear breach of security and lax of duty for the punitive inmates to be standing and stalking potential victims. An officer failed to insure my safety by allowing the punitive inmates just the North & first gate (C.O. G. Williams note). During the attack the inmates wore bonds, and stole my \$1000 bail bond, and gave me a receipt that all video recordings from 11 barracks hallways, including the barracks hallway, including connecting hallways, be preserved for Court.

M. Bruden  
Inmate Signature

Date

12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

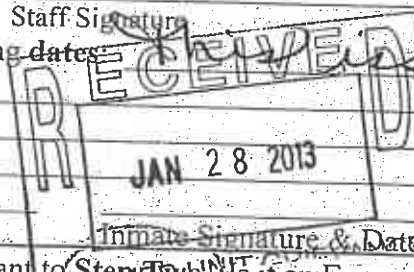
ID Number

Staff Signature

Describe action taken to resolve complaint, including dates

Date Received

Investigation



Staff Signature & Date Returned 01/29/13

Inmate Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: Sgt. Mingo Date: 1-24-13

Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_  
If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two.



To: Sharon L. Cantrell, Grievance Officer

Fr: M. Bowden, ADC # 88956

Re: Informal grievances, dtd 12/14/12

Date: 18 March 2013

Case law provides that inmates are excused from complying with a grievance process when officials prevent inmates from utilizing the procedures or when officials themselves fail to comply with the procedures. *Gibson v. Webber*, 431 F.3d 339, 341 (8th Cir. 2004), and *Chelette v. Harris*, 229 F.3d 684, 688 (8th Cir. 2000).

For one week, between 12/14/12 and 12/20/12, I attempted to utilize the grievance procedures by bringing my grievances to my problem solvers; they chose to refuse to accept my grievances, thusly, they failed to comply with the procedures. By the problem solvers acts to refuse to accept my grievances, these grievance were legally exhausted. I chose, however, to further comply with the grievance process, but to no avail.

On 12/20/12, I placed the white ~~and~~ copies of the grievances in the grievance box indicating why I went to step two. To date, I've not received an official acknowledgement from the Verner Unit Grievance Office with grievance numbers assigned; thusly, the Grievance office officials have failed to comply with the grievance procedures.

On 1/24/13, I again attempted to submit these three grievances plus two additional dtd 1/9/13, that also were not acknowledged by the grievance officer, by and through Sgt. D. Burchfield.

Now, however, you've sent me pink copies of the three grievances dtd 12/20/12, but no others, and again without grievance numbers assigned. You did write on these pink copies, "This issue is under investigation," in the problem solvers section, and dated your signature on 01/29/13.

Ms. Contrell, this is highly irregular and does not comport to the grievance procedures; thusly, these grievances, the three dtd 12/20/12 and 1/9/13, must and are now considered exhausted.

2. (MEDICAL)

UNIT LEVEL GRIEVANCE

M (Attachment I)

Unit/Center Varner

Name Bowden, M

ADC# 88956

Brks # 17

Job Assignment Pocket Person

12/14/12 (Date) STEP ONE: Informal Resolution

12/24/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Hester refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one. medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today I was attacked and injured by punitive inmates in the hall between 13-14 and 15-18 barracks. The attackers placed a choke hold on me causing injury to right front of my neck and aggravating my neck injury on the back of my neck. I could not swallow afterwards. I lost consciousness due to the choke hold and woke on the ground. The attack left me injured in my right shoulder as well. I was taken to the infirmary and seen by Nurse Scott Newman who only took my blood pressure, typed it into the computer and said "you caught your." I was not checked for the injuries I had sustained to Nurse Newman.

RECEIVED

DEC 21 2012

Michael J Bowden

Inmate Signature

Date

12/14/12 VARNER UNIT GRIEVANCE

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance \_\_\_\_\_ (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency Grievance? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance:

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: Dick P Date: 12/21/12

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

IGTT400  
3GR

Attachment II

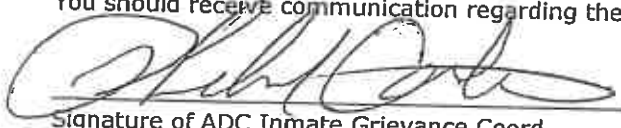
BK17/0031

**ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE**

TO: Inmate Bowden, Michael D.  
 FROM: Carter, Phalia M  
 DATE: 12/21/2012

ADC #: 088956A  
 TITLE: ADC Inmate Grievance Coord  
 GRIEVANCE #: VU-12-02102

Please be advised, I have received your Grievance dated 12/20/2012 on 12/21/2012.  
 You should receive communication regarding the Grievance by 01/24/2013

  
 Signature of ADC Inmate Grievance Coord
**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

**INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature

ADC #

Date



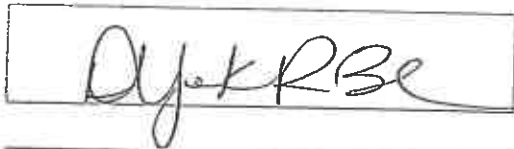
INMATE NAME: Bowden, Michael D.ADC #: 088956AGRIEVANCE #: VU-12-02102

## HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(619) Your concern: (white) Today I was attacked and injured by punitive inmates in the hall between 13-14 and 15-18 barracks. The attackers placed a choke hold on me causing injury to right front of my neck and aggravating my neck injury in the back of my neck. I could not swallow afterwards. I lost consciousness due to the choke hold and woke on the ground. The attack left me injured in my right shoulder as well. I was taken to the infirmary and seen by Nurse Scott Newman who only took my blood pressure typed it into the computer, and said "you can go now." I was not checked for the injuries I had identified to Nurse Newman.

Response: You were seen on 12/14/12 at 1557 by Newman RN who documented he checked your vital signs, alertness and listened to your lungs. The documentation indicated that you were attacked and blacked out. He noted no signs of distress or trauma.

I find this grievance without merit.



Signature of Health Services  
Administrator/Mental Health Supervisor or  
Designee

RECEIVED DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

HSA  
Title

1/6/13  
Date

JAN 29 2013

## INMATE'S APPEAL

## HEALTH &amp; CORRECTIONAL PROGRAMS

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE? Technically, this grievance was exhausted when the problem solvers refused to sign counter to ADC policy, and is actionable in court. As a courtesy to ADC I appeal this response by the Varner Unit Health Services Administrator. First, I was checked by RN Newman as stated above, he only took my blood pressure, typed into the computer, and then said "you can go now." The statement above is false. Second, when I was seen by Dr. Iko, she did not examine my right arm and shoulder, but concentrated on my old injury in the back of my neck. My right arm and shoulder, as well as the right front of my neck remain very painful, and have been left untreated. - I am seeking full and proper review of this grievance and a proper determination of the facts. My grievance is with merit and appropriate action should be taken.



Inmate Signature

88956

ADC#

1-27-13

Date

IGTT405  
3GT

Attachment V

## ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

*BK17/31*

TO: Inmate Bowden, Michael D. ADC #: 088956A  
FROM: Kelley, Wendy L. TITLE: Deputy Director  
RE: Receipt of Grievance VU-12-02102 DATE: 01/29/2013

Please be advised, the appeal of your grievance dated 12/20/2012  
was received in my office on this date 01/29/2013

**You will receive communication from this office regarding this Grievance by 03/13/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

IGTT430  
3GD

Attachment VI

INMATE NAME: Bowden, Michael D.

ADC #: 088956

GRIEVANCE#: VU-12-02102

On December 14, 2012, you grieved that you did not receive adequate medical care after being assaulted on this date. You state that you were assaulted, placed in a choke hold, lost consciousness, aggravated an old injury in your neck and injured your right shoulder. You state that you were taken to the infirmary for treatment and all Nurse Newman did was take your blood pressure and advised you that you were free to go.

The medical department responded, "You were seen on 12/14/12 at 1557 by Newman RN who documented he checked your vital signs, alertness and listened to your lungs. The documentation indicated that you were attacked and blacked out. He noted no signs of distress or trauma. I find this grievance without merit."

Your appeal states that Nurse Newman only took your blood pressure and when you saw Dr. Iko, she only focused on your neck and did not examine your right arm or shoulder which remain very painful and untreated.

December 14, Nurse Newman noted that you were alert, orientated, even and unlabored respirations, lungs clear, no signs or symptoms of trauma or distress, that you reported blacking out and he released you to security. January 1, you were seen in sick call for complaints of right arm and shoulder pain and neck pain. The nurse gave you some Tylenol and advised you to return to sick call if your condition was not better in 3-4 days. January 7, you were seen in sick call again for your complaints and the nurse referred you to the provider. January 14, you were seen by Dr. Iko who noted no shoulder asymmetry, no bruises or lacerations, no swelling, normal range of motion to right shoulder, no area of tenderness, normal power and limited backward neck movement. She ordered Ibuprofen and a C-spine x-ray (completed January 16) due to your history of an old neck injury and limited neck movement. January 17, you were seen by Dr. Iko for a follow up on the C-spine x-ray and she noted that the findings were from an old injury that you reported to be asymptomatic; therefore, a referral to ortho was not warranted and she advised you to report to medical as needed. A review of your medical record indicates that you have not been seen in sick call for this complaint since your January 17 encounter with Dr. Iko. I encourage you to utilize the sick call process as it allows you to request health care services as you deem necessary.

You have been seen for your complaints and treated as deemed appropriate and clinically indicated based upon your provider's medical judgment; therefore, I find this appeal without merit.



Director

3/12/13

Date

## UNIT LEVEL GRIEVANCE (Attachment I)

Unit/Center: VarnerName: Bowden, MADC# 88956 Brks # 17 Job Assignment Picket Man

FOR OFFICE USE ONLY

GRV. #

Date Received:

GRV. Code #:

1-9-13 (Date) STEP ONE: Informal Resolution1-9-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Sgt. Whaley refused, stating:"I don't know what to do with this. Take it back."

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I submitted three grievances with respect to the attack on me in December 2012, by placing them in the grievance box, and have not received Unit Level acknowledgment from the ADC Inmate Grievance Board.

Inmate Signature

Date

1-9-13  
If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) \_\_\_\_\_ ID Number \_\_\_\_\_ Staff Signature \_\_\_\_\_  
Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Date Received \_\_\_\_\_

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: Sgt. D. Buschwald Date: 1-24-13Action Taken: forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW &amp; PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two



# UNIT LEVEL GRIEVANCE (Attachment I)

Unit/Center Varner

Name Bouillon, M.

ADC# 88956 Brks # 17 Job Assignment Picket Man

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

1-9-13 (Date) STEP ONE: Informal Resolution

1-9-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Sgt. Whaley refused stating: "I don't know what to do with this. Take it back!"

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I received an answer from my

Report of Stolen Property dtd 12-14-12. The answer on the form  
stated: "Some of Inmate Bouillon's commissary was returned to  
him..." This statement is false.

Michael Bouillon  
Inmate Signature

1-9-13  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature

Describe action taken to resolve complaint, including dates: \_\_\_\_\_ Date Received \_\_\_\_\_

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: Det. J. Buechler Date: 1-24-13

Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

Department of Correction  
Report of Stolen Property

Date: 12-14-12

To: MAJOR BOWDEN, Chief Security Officer

Name: BOWDEN, MICHAEL No. 88956

Description of Property:

HOLIDAY PACKAGE

Give Complete Detail of Property and Where Property was last Seen:

CHRISTMAS PACKAGE WAS LAST SEEN IN THE  
LOUNGE GOING INTO THE NEW BUILDING. SEE  
COMMISSARY RECORDS FOR COMPLETE LIST OF ITEMS  
SECURITY IDENTIFIED I. JOHNSON AND J. CARTWRIGHT AS  
THE INMATES WHO STOLE THE HOLIDAY PACKAGE.

Some of Inmate Bowden  
Commissary was return to  
him, both Inmate's was  
also assign to adj.

Michael Bowden

Inmate's Signature

Sgt Klango & Sgt. Merter  
Refused to sign

Security Officer

# UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VARNER (yellow)

Name Bowden, Michael

ADC# 88950 Brks # 17 Job Assignment Picket

FOR OFFICE USE ONLY	
GRV. #	<u>VU-13-00159</u>
Date Received	<u>2/14/13</u>
GRV. Code #	<u>700/713</u>

02-07-13 (Date) STEP ONE: Informal Resolution

02-13-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: I NEVER HEARD BACK FROM THE PROBLEM SOLVER.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I've sent three copies, the result of the attack on my person and theft of my Christmas package, to Ms. Bennett, yet I have not received any acknowledgement.

RECEIVED

RECEIVED

FEB 14 2013

APR 16 2013

VARNER UNIT GRIEVANCE

INMATE GRIEVANCE SUPERVISOR  
ADMINISTRATION BUILDING

Michael Bowden

Inmate Signature

Date

02-07-13

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_

LOT # 15 CRT no 67674 LOT # 15 CRT no 67674  
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received 2-7-13

Describe action taken to resolve complaint, including dates:

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

IGTT400

3GR

Attachment II


BK17/0031

**ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE**TO: Inmate Bowden, Michael D.

FROM: Carter, Phalia M

DATE: 02/14/2013ADC #: 088956ATITLE: ADC Inmate Grievance CoordGRIEVANCE #: VU-13-00159

Please be advised, I have received your Grievance dated 02/13/2013 on 02/14/2013.  
 You should receive communication regarding the Grievance by 03/15/2013

  
 Signature of ADC Inmate Grievance Coord
**CHECK ONE OF THE FOLLOWING**

- ☐ This Grievance will be addressed by the Warden/Center Supervisor or designee.
- ☐ This Grievance is of a medical nature and has been forwarded to the Health Services Administrator who will respond.
- ☐ This Grievance involves a mental health issue and has been forwarded to the Mental Health Supervisor who will respond.
- ☒ This Grievance has been determined to be an emergency situation, as you so indicated.
- ☐ This Grievance has been determined to not be an emergency situation because you would not be subject to a substantial risk of personal injury or other serious irreparable harm. Your Grievance will be processed as a Non-Emergency.
- ☐ This Grievance was REJECTED because it was either non-grievable ( ), untimely, was a duplicate of , or was frivolous or vexatious.

**INMATE'S APPEAL**

If you disagree with a rejection, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director. Keep in mind that you are appealing the decision to reject the original complaint. Address only the rejection; do not list additional issues, which were not a part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

Inmate Signature

ADC #

Date

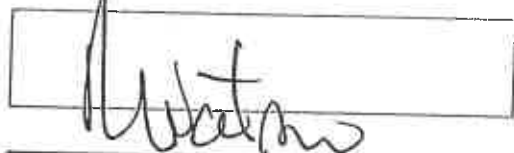


INMATE NAME: Bowden, Michael D.ADC #: 088956AGRIEVANCE #: VU-13-00159

## WARDEN/CENTER SUPERVISOR'S DECISION

In response to grievance VU-13-00159 you stated that "I've sent three copies, the white, blue, and pink of my grievances in December as a result of the attack on my person and theft of my christmas package, to Ms. Bennett, yet I have not received any acknowledgement."

According to Inmate Grievance Coordinator Mrs. Carolyn Bennett records show that the grievance office has only received one grievance in the month of December 2012 which was a medical VU-12-2102. All grievances are processed according to AD 12-16 Inmate Grievance Procedure. According to the grievance policy AD 12-16 the inmate must submit a step one informal grievance to the problem solver or Sergeant or above and if they do not respond or if the inmate does not agree with the response the inmate has three days to proceed to a step two formal grievance. When an inmate chooses to go to step two the grievance then becomes a formal grievance. The inmate must then submit either the white, pink or yellow copy of the grievance with a date and justification of why the inmate is proceeding to a step two formal grievance. If you reside in the Varner Unit you will drop your step two formal grievances in the grievance box in the Varner Unit next to the Master Control Booth and if you reside in the Varner Super Max then you will give your step two formal grievances to the problem solver or Sergeant or above who will then drop it in the grievance box. If you do not submit your step two formal grievances to the grievance office then it can not be processed as a grievance. Therefore I find this grievance without merit.



RECEIVED

Signature of Warden/Supervisor or Designee

APR 16 2013



Title

4-3-13

Date

INMATE GRIEVANCE SUPERVISOR

## INMATE'S APPEAL

ADMINISTRATION BUILDING

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? THE ABOVE DECISION IS IN ERROR. I dropped four grievances (white) in the grievance box on 12/28/12. Three were on the assault, the fourth was medical. All of them had the same reason for proceeding to step two: "Sgt. Mango and Sgt. Heater refused to sign." Only the medical grievance has been responded to. The three others grieve: (1) ADC creating a dangerous situation where assaults by AdSec inmates on regular population is common; (2) my property (valued at \$1000) was stolen as a result of the assault; and, (3) two officers failed to maintain security over AdSec inmates, allowing them to gather and assault me in plain sight of one officer who refused to react. After no response I had Sgt. Burchfield sign and take the blue and pink copies directly to the grievance officer, Sharon Cantrell, who wrote on the pink copies, "This issue is under investigation." On 1/29/13, — I did all I could do to get these grievances processed, but the staff at Varner fears such grievances and have refused to act upon them, and have deliberately deviated from AD 12-16, in attempt to bury my meritorious claims.



Inmate Signature

88956

ADC#

4-8-13

Date

IGTT405  
3GT

Attachment V

## ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

TO: Inmate Bowden, Michael D. ADC #: 088956A  
FROM: May, Larry D TITLE: Chief Deputy Director  
RE: Receipt of Grievance VU-13-00159 DATE: 04/16/2013

Please be advised, the appeal of your grievance dated  
02/13/2013  
was received in my office on this date 04/16/2013

**You will receive communication from this office regarding this Grievance by 05/29/2013**

- ☒ The time allowed for appeal has expired
- ☒ The matter is non-grievable and does not involve retaliation:
  - ☒ (a) Parole and/or Release matter
  - ☒ (b) Transfer
  - ☒ (c) Job Assignment unrelated to medical restriction
  - ☒ (d) Disciplinary matter
  - ☒ (e) Matter beyond the Department's control and/or matter of State/Federal law
  - ☒ (f) Involves an anticipated event
- ☒ You did not send all the proper Attachments:
  - ☒ (a) Unit Level Grievance Form (Attachment 1)
  - ☒ (b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)
  - ☒ (c) Did not give reason for disagreement in space provided for appeal
  - ☒ (d) Did not complete Attachment III or IV with your name, ADC#, and/or date
  - ☒ (e) Unsanitary form(s) or documents received
  - ☒ (f) This Appeal was REJECTED because it was a duplicate of , or was frivolous or vexatious

IGTT430  
3GD

Attachment VI

INMATE NAME: Bowden, Michael D.

ADC #: 088956

GRIEVANCE#: VU-13-00159

You grieved on 2/13/13 that you've sent three copies, the white, blue, and pink of my grievances in December, as a result of the attack on your person and theft of your Christmas package, to Ms. Bennett and you have not received any acknowledgement.

The Warden responded that according to Mrs. Carolyn Bennett, Inmate Grievance Coordinator, records show that the grievance office has only received one grievance in the month of December 2012, which was a medical (VU-12-2102). All grievances are processed according to AD 12-16 Inmate Grievance Procedure. According to the grievance policy AD 12-16, the inmate must submit a step one informal grievance to the problem solver or Sergeant or above and if they do not respond or if the inmate does not agree with the response, the inmate has three days to proceed to a step two formal grievance. When an inmate chooses to go to step two, the grievance then becomes a formal grievance. The inmate must then submit either the white, pink, or yellow copy of the grievance with a date and justification of why the inmate is proceeding to a step two formal grievance. If you reside in the Varner Unit, you will drop your step two formal grievances in the grievance box in the Varner Unit next to the Master Control Booth and if you reside in the Varner Super Max, then you will give your step two formal grievances to the problem solver or Sergeant or above who will then drop it in the grievance box. If you do not submit your step two formal grievances to the grievance office, then it cannot be processed as a grievance. Therefore I find this grievance without merit.

After review of your complaint and supporting documentation, I find that I concur with the Warden's decision. Records show that the grievance office has only received one grievance in the month of December 2012 for you, which was a medical (VU-12-2102) grievance. AD 12-16 explains the grievance procedure and how to properly process a grievance. To file a formal grievance at the Varner Unit, the grievance box is next to the Master Control Booth and for Varner Super Max, you will give your formal grievance to the problem solver who will drop it in the grievance box for you.

Appeal denied.

17m7

Director

Date

5.1.13

RECEIVED  
CLAIMANT

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL BOWDEN (ADC 088956)

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**ANSWER**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Answer, states and alleges as follows:

1. Respondent denies liability in this claim and asserts it will hold the Claimant to strict proof on each allegation unless admitted by Respondent. Respondent reserves the right to plead further upon completion of the investigation by internal affairs and requests the matter be held in abeyance until the investigation is complete.
2. The applicable account information required by the Commission is:
  - a. Agency number: 0480
  - b. Cost Center: HCA 0100
  - c. Internal Order: 340301
  - d. Fund Center: 509

WHEREFORE, for the reasons cited above the Respondent prays that the claim be dismissed with prejudice and that Claimant take nothing, or in the alternative that the matter be held in abeyance until completion of the investigation by internal affairs.

Respectfully submitted,  
Department of Correction Office of Counsel

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

**CERTIFICATE OF SERVICE**

I certify that a copy of this pleading has been served this 12 day of December 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Michael Bowden (ADC 088956)  
Varner Unit  
PO Box 600  
Grady, AR 71644-0600

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190



IN THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL D. BOWDEN  
ADC #88956

State Clk Arkansas  
State Claims Commission  
JAN 06 2015  
JAN 07 2015  
CLAIMANT  
RECEIVED  
RECEIVED

V. CLAIM #: 15-0432-CC

DEPARTMENT OF CORRECTIONS

RESPONDENT

MOTION FOR PRODUCTION OF EMPLOYEE RECORDS

COMES NOW, Claimant, Michael D. Bowden, *pro se*, and for his Motion for Production of Employee Records. states:

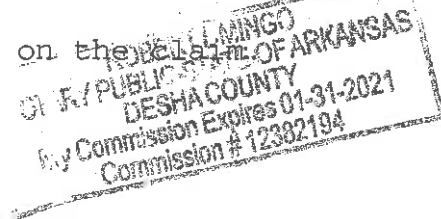
Claimant has before the commission a claim for damages resulting from an assault on him on 14 December 2012. His claim against Respondent is for personal injury caused by Department of Correction employee negligence of duty to protect Claimant from harm.

Claimant avers that Respondent employee's, D. Williams and Shirley Hudson, were negligent in their duty to protect him against clear and present danger. Claimant avers that each employee has received one or more "file note" and/or disciplinary action for other acts of failure to properly perform their duty. These records are necessary to Claimant's case, and will provide the commission record of these employees' work history and determinant of negligence of duty to protect claimant from harm.

Claimant moves for Commission to Order Respondent to produce said employees' records, provide Claimant with copy, no less than thirty days before an oral hearing on the claim.

WHEREFORE, Claimant, Michael D. Bowden, prays the Commission GRANT his Motion for Production of Employee Records; and ORDER employees' records be made available and copied to Claimant no less than 30 days before an oral hearing on the matter.

Respectfully submitted,



  
Michael D. Bowden, pro se

Subscribed and sworn to before me, a Notary Public, on this 31 day of December, 2014.

My Commission Expires on

  
Notary Public

IN THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL D. BOWDEN  
ADC #88956

Arkansas  
State Claims Commission  
JAN 6 2015  
CLAIMANT  
RECEIVED

V. CLAIM #: 15-0432-CC

DEPARTMENT OF CORRECTIONS

RESPONDENT

MOTION FOR PRODUCTION OF ASSAILANTS' DISCIPLINARY RECORDS

COMES NOW, Michael D. Bowden, *pro se*, and for his Motion for Production of Assailants' Disciplinary Records, states:

Claimant has before the commission a claim for damages resulting from an assault on him on 14 December 2012. His claim against Respondent is for personal injury caused by Department of Correction employee negligence of duty to protect Claimant from harm.

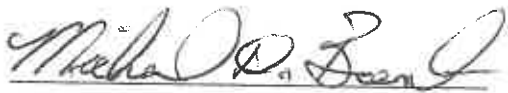
Claimant avers that the assailants were known dangerous inmates escaped from their punitive barrack number eleven, and who had a long history of disciplinary action for violent assaults on other inmates, namely whites, as the Claimant. The disciplinary records are necessary to Claimant's case, and will provide the Commission record of assailants long history of violent acts, including assault on Claimant, and determinant of negligence of Respondent's duty to protect Claimant from harm.

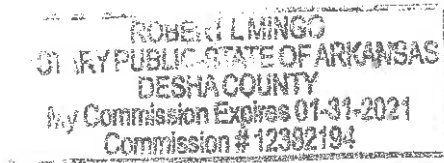
Claimant moves for Commission to Order Respondent to produce assailants, Justin Cartwright, ADC# 140279 and, Ivory Johnson, ADC# 132361, complete disciplinary record for all violent acts

prior to and including the assault and injury of Claimant, and provide copy to Claimant no less than thirty days before an oral hearing on the claim.

WHEREFORE, Claimant, Michael D. Bowden, prays the commission GRANT his Motion for Production of Assailants' Disciplinary Records as requested above; and, ORDER assailants disciplinary records be made available and copy thereof to Claimant no less than thirty (30) days before an oral hearing on the claim.

Respectfully submitted,

  
Michael D. Bowden, *pro se*



Subscribed and sworn to before me, a Notary Public, on this 31, day of December, 2014.

\_\_\_\_\_  
My Commission Expires on

  
Notary Public

IN THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL D. BOWDEN  
ADC #88956

Arkansas  
State Claims Commission  
JAN 07 2015  
CLAIMANT  
RECEIVED

V. CLAIM #: 15-0432-CC

DEPARTMENT OF CORRECTIONS

RESPONDENT

MOTION FOR PRODUCTION OF VIDEO RECORDINGS

COMES NOW, Michael D. Bowden, *pro se*, and for his Motion for Production of Video Recordings, states:

Claimant has before the commission a claim for damages resulting from an assault on him on 14 December 2012. His claim against Respondent is for personal injury caused by Department of Correction employee negligence of duty to protect Claimant from harm.

Claimant avers that the assault on him was recorded on video feeds of five security cameras, and that known dangerous assailants escaped from punitive segregation barracks and waited in plain view of Respondent employees, D. Williams and S. Hudson, for an extended amount of time in violation of existing rules, presenting a clear and present danger to population inmates including Claimant. The video recordings will show both employees were aware of the assailants waiting in an area of their responsibility and that the area was restricted to assailants. The video recordings will show employee D. Williams was in close proximity of the assailants, aware of them having escaped into a

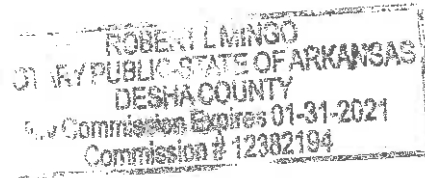
restricted area. The video recordings will show employee S. Hudson had clear view of the assailants, aware that they were in a restricted area, and carelessly failed to remove the assailants from the restricted area. These records are necessary to Claimants case, and will provide the Commission record of employees' action before and during the assault and injury on Claimant, and determinant of negligence of duty to protect Claimant from harm.

Claimant moves for Commission to Order Respondent to produce said video recordings, provide copy to Claimant and means to review recordings, no less than thirty days before an oral hearing on the claim.

WHEREFORE, Claimant, Michael D. Bowden, prays the Commission GRANT his Motion for Production of Video Recordings; and, ORDE video recordings be made available and copy thereof to Claimant and means to review recordings no less than 30 days before an oral hearing on the claim.

Respectfully submitted,

  
Michael D. Bowden, pro se



Subscribed and sworn to before me, a Notary Public, on this 31 day of December, 2014.

\_\_\_\_\_  
My Commission Expires on

  
Notary Public



MICHAEL BOWDEN (ADC # 088956)

CLAIMANT

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

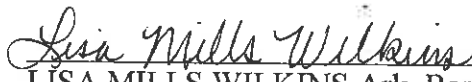
RESPONDENT

**RESPONSE TO CLAIMANT'S REQUEST FOR EMPLOYEE RECORDS, ASSAILANTS  
DISCIPLINARY RECORDS, AND VIDEO RECORDINGS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to the Claimant's Request for Production, and responds as follows:

1. Response to Request No. 1. Employee records are not subject to disclosure to the inmates for the safety and security of the institution.. Furthermore, this action is not against the officers, but against the ADC. Claimant has failed to state any relevance that any previous file note has to this proceeding.
2. Response to Request No. 2: Claimant is not entitled to have the disciplinary records of other inmates pursuant to ACA Section 12-27-113(e)(2).
3. Response to Request no. 3: None known at this time. If found, this response will be supplemented.

Respectfully submitted,  
Department of Correction  
Office of Counsel

  
LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

Arkansas Claims Commission  
FEB 18 2015  
RECEIVED

**CERTIFICATE OF SERVICE**

I certify that a copy of the DISCOVERY RESPONSE has been served this 17<sup>th</sup> day of February, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

MICHAEL BOWDEN (ADC # 088956)  
Varner Unit  
P. O. Box 600  
GRADY, AR 71644-0600

  
LISA MILLS WILKINS Ark. Bar #87190

MAR 02 2015

RECEIVED  
CLAIMANT

## BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL BOWDEN (ADC # 088956)

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

ANSWER TO RESPONSE TO CLAIMANT'S REQUEST FOR EMPLOYEE RECORDS,  
ASSAILANTS DISCIPLINARY RECORDS, AND VIDEO RECORDINGS

COMES NOW, Claimant, Michael Bowden, *pro se*, and for his Answer to Response to Claimant's Request of Production, states:

1. With respect to Response to Request No. 1: The actions, or lack of actions, of ADC employees, G. Williams and S. Hudson were pertinent to the cause for Claimant's injury. Those actions, or lack of actions, were such that the security officers were negligent in their duty to protect Claimant from harm. Had these officers performed their duty, the Claimant would not have been harmed. These officers past actions may very well show a pattern of neglect, not necessarily resulting in inmate injury, but such that they were disciplined for their actions that could have ended in injury of worse. Any past disciplinary action showing a failure to maintain security of their assigned post, as in this case, is very much a matter for the Commission and this proceedings. Therefore, the Commission should order ADC to produce these officers records, if only for in-camera proceedings, for the fair determination of the facts.
2. With respect to Response to Request No. 2: It was known by security officers G. Williams and S. Hudson, that several escaped punitive inmates were loitering in a forbidden area where the assault of Claimant would occur for up to a half-hour before that assault. The disciplinary records of the inmates who attacked Claimant are pertinent to the Commission's understanding that they were well known and had a lengthy disciplinary record of inmate-on-inmate assault. Therefore,

the Commission should order ADC to produce the assailants disciplinary records, if only for in-camera proceedings, for the fair determination of the facts.

3. With respect to Response to Request No. 3: On the day of the injury to Claimant, ADC security officers at the Varner Unit, pulled, viewed, and preserved video recordings of events leading up to, during, and after the attack of Claimant, from multiple camera locations. That video does exist and would be in the possession of Varner Unit security, ADC Internal Affairs, and/or ADC Central Office because of the severity and likelihood of future legal action. The video recordings are known to show that lack of action by security officers G. Williams and S. Hudson before the attack on Claimant by failing to maintain security and control of their assigned area allowing known dangerous inmates who had escaped from punitive segregation to await for and attack Claimant to steal his Christmas package, injuring him in the process, and showing that assault on Claimant in detail resulting in him being unconscious and injured. Therefore, Claimant strongly objects to the Respondent's suggestion that no known video recordings exist, and demands production according to the rule.

Respectfully submitted,



Michael D. Bowden, *pro se*

ADC # 088956

Varner Unit

P.O. Box 600

Grady, AR 71644

MAR 31 2015

RECEIVED

IN THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL BOWDEN  
ADC # 08956

CLAIMANT

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

REQUEST FOR PRODUCTION OF DOCUMENTS

COMES NOW, Claimant, Michael Bowden, *pro se*, and for his Request For Production Of Documents, states:

1. Claimant requests that the Respondent provide him with copy of the Post Orders in effect on 14 December 2012 for the posts of 11-12 Barracks, 13-14 Barracks, and 15-18 Barracks.
2. Claimant requests that the Respondent provide him with copy of the Post Records for the day shift on 14 December 2012 for the posts of 11-12 Barracks, 13-14 Barracks, and 15-18 Barracks.
3. Claimant requests that the Respondent provide him with copy of all 005 reports concerning the attack on Claimant on 14 December 2012, including but not limited to those written by Officer D. Williams (assigned to 13-14 Barracks) and by Officer S. Hudson (assigned to 15-18 Barracks).

Respectfully submitted,



Michael Bowden,, *pro se*

ADC # 088956

Varner Unit

P.O. Box 600

Grady, AR 71644

MAR 31 2015

RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL BOWDEN (ADC # 088956)

CLAIMANT

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

REQUEST FOR ADMISSIONS FROM D. WILLIAMS

COMES NOW, Claimant, Michael Bowden, *pro se*, and for his Request For Admissions From D. Williams:

The following request of admission is directed to Arkansas Department of Correction employee, Officer D. Williams. Claimant requests these admission be responded to within thirty (30) days, pursuant to Ark. R. Civ. P. Rule 36. Claimant requests that Officer D. Williams verify the response with his signature.

**ADMISSION NO 1:** You admit that you were an employee of the Arkansas Department of Correction on 14 December 2012.

**ADMISSION NO 2:** You admit that on 14 December 2012, you were working at the Varner Unit, Grady, Arkansas.

**ADMISSION NO 3:** You admit that on 14 December 2012, you were assigned to the 13-14 Barracks post.

**ADMISSION NO 4:** You admit that on 14 December 2012, you were the only officer posted on the 13-14 Barracks post.

**ADMISSION NO 5:** You admit that prior to 14 December 2012, you had complained to your supervisors about the short of under staffing problem.

**ADMISSION NO 6:** You admit that on 14 December 2012, you referred to the barracks 11-14 as "AdSeg" barracks.

**ADMISSION NO 7:** You admit that on 14 December 2012, the inmates in the so called "AdSeg" barracks were not on Administrative Segregation but on Punitive Segregation, but still segregated from population.

**ADMISSION NO 8:** You admit that on 14 December 2012, the inmates in 11-14 barracks were never to be in contact with population inmates.

**ADMISSION NO 9:** You admit that on 14 December 2012, that the shower located in the 13-14 barrack hallways was used exclusively by the inmates in the AdSeg barracks.

**ADMISSION NO 10:** You admit that on 14 December 2012, you were aware that Christmas mail-order packages were being delivered to population inmates.

**ADMISSION NO 11:** You admit that on 14 December 2012, you were aware that no inmates in the AdSeg barracks were allowed to receive a Christmas mail-order package.

**ADMISSION NO12:** You admit that on 14 December 2012, you were aware that population inmates in the "new building" were carrying their Christmas packages from the visitation yard to the new building unescorted.

**ADMISSION NO 13:** You admit that on 14 December 2012, you saw one or more inmates from the AdSeg barracks in the tunnel (the connector from the main building to the new building).



**ADMISSION NO 14:** You admit that on 14 December 2012, that the tunnel area is considered a part of the 15-18 barracks post and an extension of that hallway.

**ADMISSION NO 15:** You admit that on 14 December 2012, that the tunnel area was out-of-bounds to inmates housed in the AdSeg barracks.

**ADMISSION NO 16:** You admit that on 14 December 2012, that the tunnel area was for population inmates coming from or going to the new building (barracks 15 to 22).

**ADMISSION NO 17:** You admit that on 14 December 2012, that any inmate from the AdSeg barracks in the tunnel area would have been considered out of place of assignment, a 3-1 violation.

**ADMISSION NO 18:** You admit that on 14 December 2012, you were aware of one of more inmates from the AdSeg barracks in the tunnel area but did not take action to remove them.

**ADMISSION NO 19:** You admit that on 14 December 2012, you were made aware of an assault on Claimant in the tunnel area well after you noticed one or more inmates from the AdSeg barracks in the same tunnel.

**ADMISSION NO 20:** You admit that on 14 December 2012, you saw the inmates for the AdSeg barracks running from the tunnel, one carrying a Christmas mail-order package, through your assigned area of 13-14 barracks hallway, and through Riot Gate North #3, and that you made no attempt to stop them.

**ADMISSION NO 21:** You admit that on 14 December 2012, you made no attempt to remove the inmates from the AdSeg barrack while they loitered in the tunnel area well before the attack on Claimant.

**ADMISSION NO 22:** You admit that after 14 December 2012, you made the comment to a third-party inmate about the attack in which you stated that you had complained to your supervisors about short staffing.

**ADMISSION NO 23:** You admit that after 14 December 2012, you made the comment to a third-party inmate about the attack in which you stated that you had a fear of the AdSeg inmates because you were alone at your post.

**ADMISSION NO 24:** You admit that after 14 December 2012, you made the comment to a third-party inmate about the attack in which you stated that you were aware of the inmates from the AdSeg barracks in the tunnel area on the day of the attack.

**ADMISSION NO 25:** You admit that after 14 December 2012, you made the comment to a third-party inmate about the attack in which you stated that you considered the tunnel area that the inmates from the AdSeg barracks were in as the responsibility of Officer S. Hudson (posted on 15-18 barracks).

**ADMISSION NO 26:** You admit that after 14 December 2012, you made the comment to a third-party inmate about the attack in which you stated that "ADC was at fault" and that "Bowden should get paid."

**ADMISSION NO 27:** You admit that after 14 December 2012, that at the time of the attack on Claimant by the AdSeg inmates, there was mass movement of inmates due to the fact that it was lunch mealtime.

**ADMISSION NO 28:** You admit that after 14 December 2012, that your post orders directed you to be in the hallway during mealtime and mass movement of inmates.

**ADMISSION NO 29:** You admit that after 14 December 2012, that your post or general orders were to ensure movement of inmates, and to avoid any stoppage or loitering.

**ADMISSION NO 30:** You admit that after 14 December 2012, that the inmates from the AdSeg barracks were unescorted and loitering in the tunnel and, in fact, had escaped from direct supervision and control of the officer assigned to 11-12 barracks.

Respectfully submitted,

A handwritten signature in cursive script, appearing to read "Michael D. Bowden", written over a horizontal line.

Michael D. Bowden, *pro se*

ADC # 088956

Varner Unit

P.O. Box 600

Grady, AR 71644

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL BOWDEN (ADC # 088956)

CLAIMANT

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONSE TO CLAIMANT'S REQUEST FOR ADMISSIONS FROM D. WILLIAMS**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to the Claimant's Request for Admissions from D. Williams, and responds as follows:

1. Response to Requests 1-30: Objection. Requests for Admissions are only addressed to parties. Officer D. Williams is not a party to this action.

Respectfully submitted,

Department of Correction  
Office of Counsel

*Lisa Mills Wilkins*

LISA MILLS WILKINS Ark. Bar #87190  
Attorney Supervisor  
Post Office Box 8707  
Pine Bluff, AR 71611  
(870)267-6844 Office  
(870)267-6373 Facsimile

Arkansas  
State Claims Commission

APR 30 2015

RECEIVED

**CERTIFICATE OF SERVICE**

I certify that a copy of the DISCOVERY RESPONSE has been served this 30 day of April, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

MICHAEL BOWDEN (ADC # 088956)  
VARNER UNIT  
P. O. Box 600  
GRADY, AR 71644-0600

*Lisa Mills Wilkins*  
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

MICHAEL BOWDEN (ADC # 088956)

CLAIMANT

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

**RESPONSE TO CLAIMANT'S REQUEST FOR ADMISSIONS FROM S. HUDSON**

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to the Claimant's Request for Admissions from S. Hudson, and responds as follows:

1. Response to Requests 1-17: Objection. Requests for Admissions are only addressed to parties. Officer S. Hudson is not a party to this action.

Respectfully submitted,

Department of Correction  
Office of Counsel



LISA MILLS WILKINS Ark. Bar #87190

Attorney Supervisor

Post Office Box 8707

Pine Bluff, AR 71611

(870)267-6844 Office

(870)267-6373 Facsimile

Arkansas  
State Claims Commission

APR 30 2015

RECEIVED

**CERTIFICATE OF SERVICE**

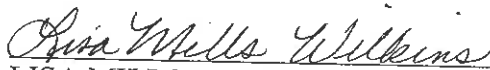
I certify that a copy of the DISCOVERY RESPONSE has been served this 30 day of April, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

MICHAEL BOWDEN (ADC # 088956)

VARNER UNIT

P. O. Box 600

GRADY, AR 71644-0600



LISA MILLS WILKINS Ark. Bar #87190

Michael D. Bowden  
ADC # 088956  
Varner Unit  
P.O. Box 600  
Grady, AR 71644

Arkansas  
State Claims Commission

MAY 27 2015

RECEIVED

25 May 2015

Arkansas Claims Commission  
101 E. Capitol Ave, Suite 410  
Little Rock, AR 72201

RE: Michael Bowden #088956  
Claim # 15-0432-CC  
Vs.  
AR Dept. Of Correction

Dear Sirs:

Enclosed please find my final discovery for the hearing. This includes proof of a video recording of the incident that the ADC claims does not exist, wherein can be seen loitering –and hooded – inmates who attacked and left me harmed and unconscious. Also, included is proof of exhaustion, and ADC's attempt to thwart my efforts to grieve this issue.

Fair and due process includes that *both* parties make available all the pertinent evidence, rather than claim they are doing so. It is clear from the lack of providing this video, which I have marked as "1" through "5", that ADC is continuing to attempt to thwart even *these* proceedings as well. I pray the Commission will take that into consideration when the hearing is conducted next month.

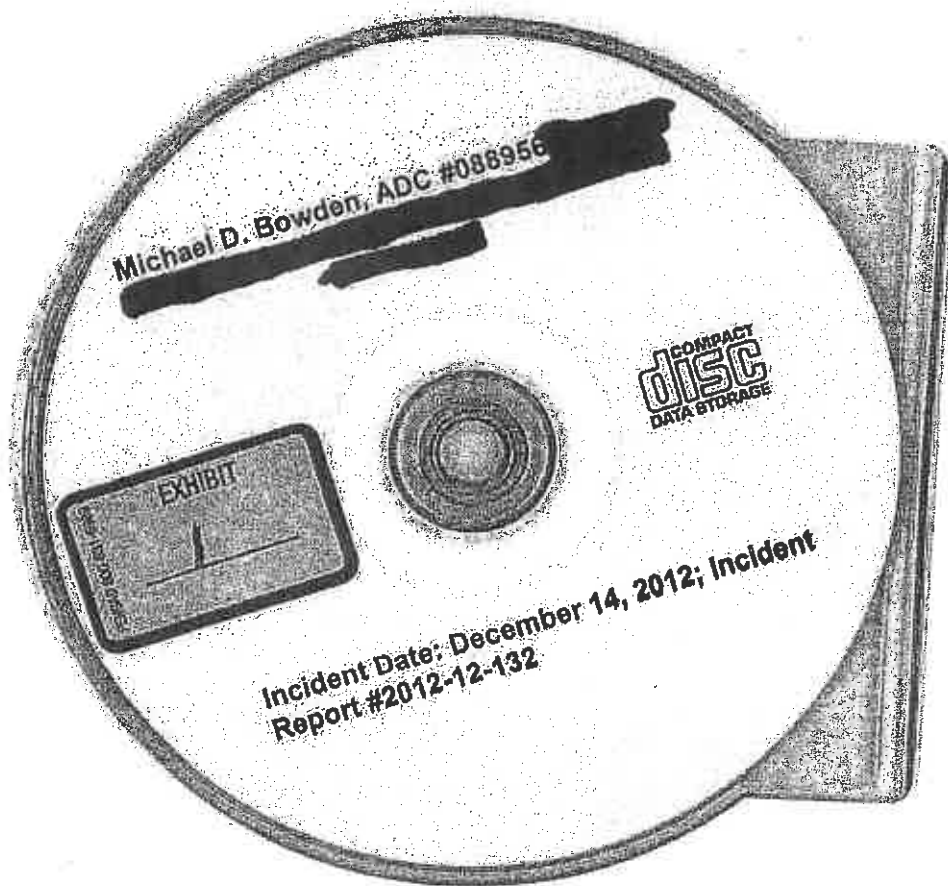
Thank you,

  
Michael D. Bowden, *pro se*

Encl: Marked Exhibits (20)

Cc: file





1

DEC. 14. 12 2:59:53 PM

11

2

DEC. 14. 12 2:53 PM

EXHIBIT  
FBI LABORATORY  
WASHINGTON, D.C. 20535

3

EXHIBIT  
9  
FBI LABORATORY

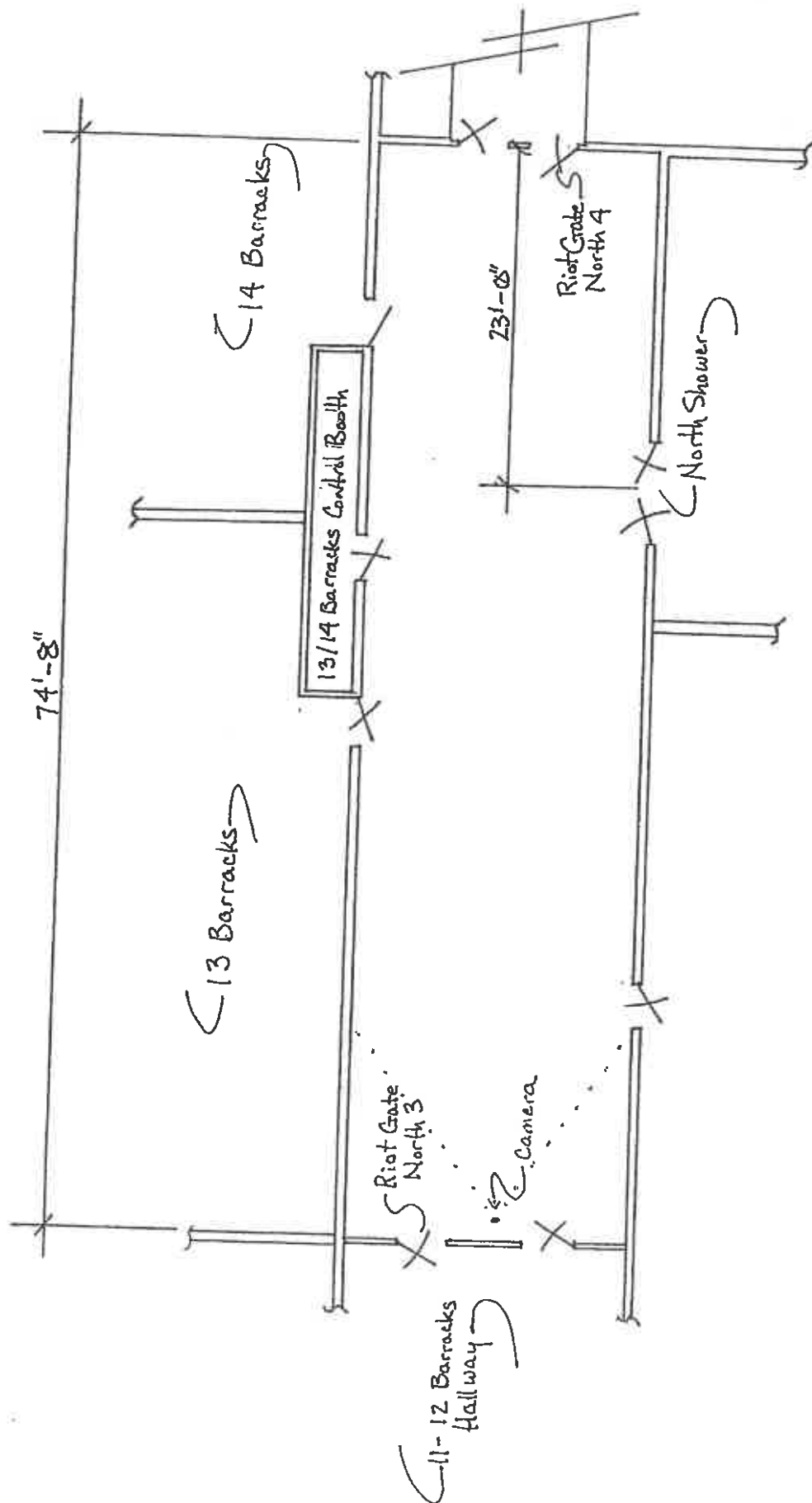
4



EXHIBIT  
10  
KODAK B&W 35mm 135-6528

5

North



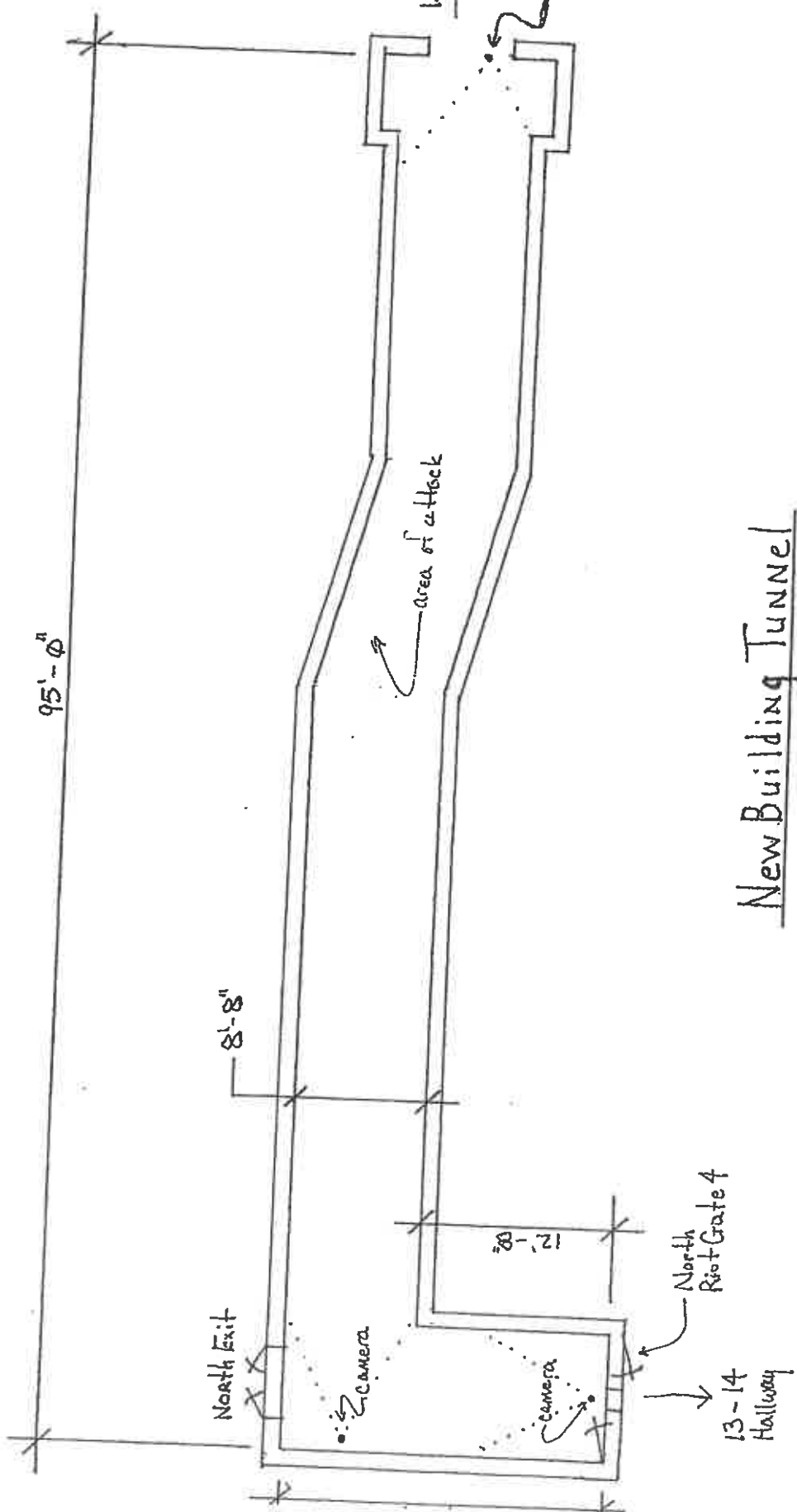
13-14 Barracks Hallway

Attachment

A.1



NORTH  
↑

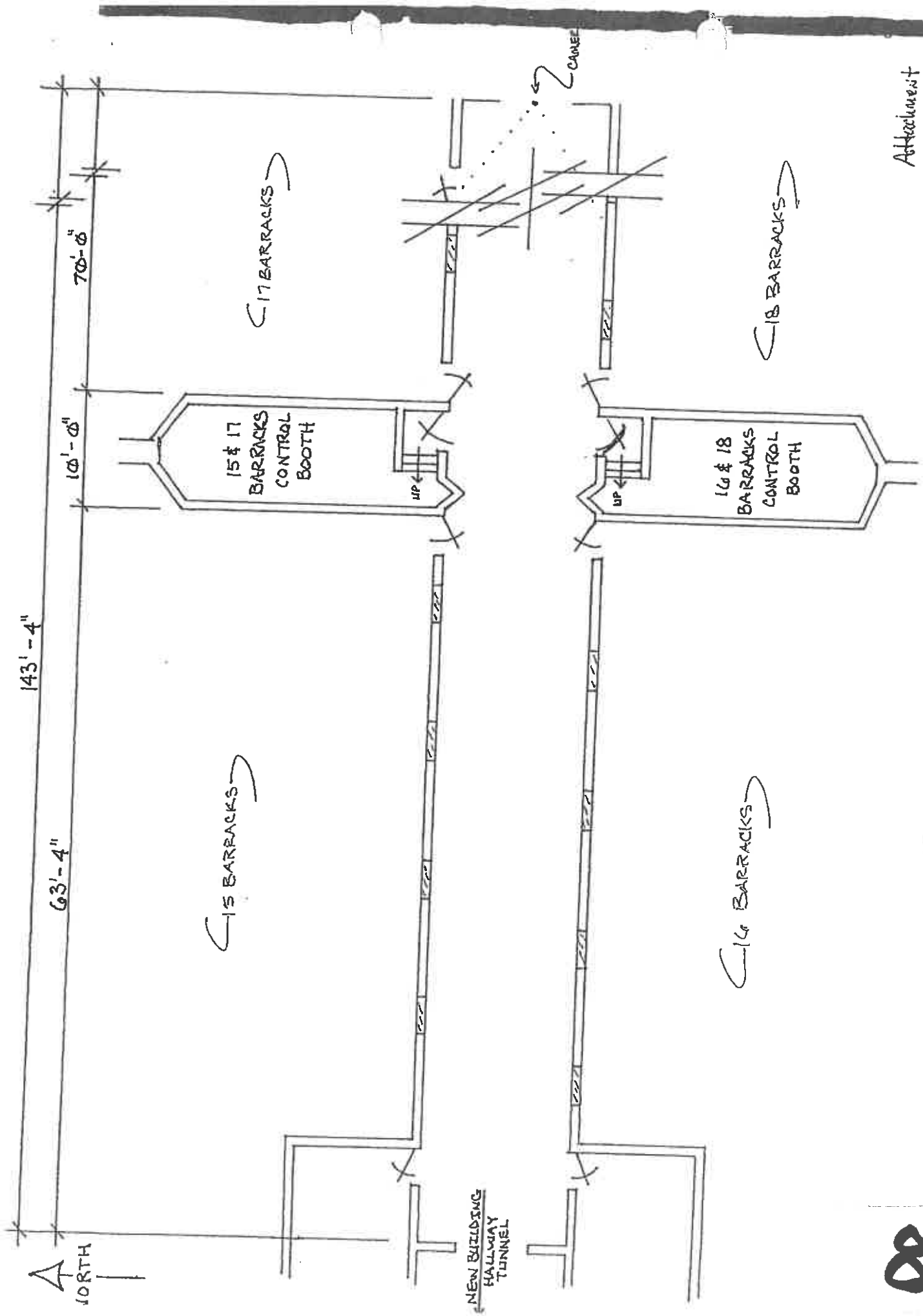


## New Building Tunnel

Attachment +

A.2

7



Attachment

A.3

15-18 Barracks Hallway

00

50

## UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VernerName Bourlon, MADC# 88956Brks # 17Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

12/14/12 (Date) STEP ONE: Informal Resolution12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Sgt. Muster refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): During the night in an area outside their designated area (in the hallway between 13-14 and 15-18 barracks. These inmates are all Class III-IV and are on punitive status. ADC chose to put these punitive inmates in the middle of population. As a result, these inmates ran amuck everytime their barracks doors open, causing havoc throughout population. (Ganging up in various areas, taking off at different areas in the hallway, and threatening others). The punitive group was out of their barracks for several minutes to an hour without supervision. The officers who could have prevented the attack were in fear of these punitive inmates and allowed them to do as they pleased. The attack on me has happened several times before. ADC refused to remedy the problem. Also, the method of attack was a copy of what was shown on T.V. on a late night program in the punitive barracks.

Inmate Signature \_\_\_\_\_

Date 12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on 1-24-13 (date) pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: Sgt. H. Burchfield Date: 1-24-13Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW &amp; PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

9

51

# UNIT LEVEL GRIEVANCE I M (Attachment I)

Unit/Center Vagner

Name Brouden, M.

ADC# 88956 Brks # 17 Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. #

Date Received:

GRV. Code #:

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Master refused to sign Sgt. Mingo & Sgt.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today I was attacked and injured by at least two punitive inmates from 11 barracks who were in an unauthorized housing area. Two of the group who attacked me were identified as Justin Cartwright # 140279 and Ivory Johnson # 132361, from 11 barracks. It was Johnson who attacked me from behind and squeezed my neck with a choke hold. The attack was made in plain view of the officer assigned to the area C.O. S Hudson. Prior to the attack there were several punitive inmates standing in the area uniting for a victim. It was a clear breach of security and lax of duty for these punitive inmates to be standing and stalking potential victims. ADC North & riot gate (C.O. G. Williams post). During the attack the attackers wore hoods, and stole my \$1000 holiday package. I am requesting that all video recordings from 11 barracks hallway through the barracks hallway, including connecting hallways, be preserved for Court.

Medical  
Inmate Signature

Date

12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature

Describe action taken to resolve complaint, including dates:

Date Received

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: Sgt. D. Harrison Date: 1-24-13

Action Taken: forwarded (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE - Grievance Officer; ORIGINAL - Given back to Inmate After Completion of Step One and Step Two 50

## UNIT LEVEL GRIEVANCE (Attachment I)

Unit/Center VARNERName Bauden, MADC# 88936 Brks # 17 Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

12/14/12 (Date) STEP ONE: Informal Resolution12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)If the issue was not resolved during Step One, state why: Sgt. Hester refused to speak

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): Today I was attacked by inmateinmates waiting in ambush in the 'connecting hallway' thatNorth 4 riot route. My entire Holiday package (worthapproximately \$100) was taken by at least two inmatesJustin Cartwright #140279 and Ivory Johnson #132361.These inmates were out of a group standing in an unauthorizedarea waiting for a visitation and at plain view of Co. S. Hudson andCO. G. Williams. I want to be reimbursed for my loss (includinglaundry bag from commissary) and ask that a LIEN be placed onthe two identified attackers accounts for the full amount of myloss.Michael Bauden

Inmate Signature

12/14/12

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee:

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Date Received

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: W. Duran Date: 1-24-13Action Taken: referred to Warden (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW &amp; PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two 53



# UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name Bowden, M

ADC# 88956 Brks # 17 Job Assignment Pocket Person

FOR OFFICE USE ONLY	
GRV. #	<u>VU-12-02102</u>
Date Received	<u>12/21/12</u>
GRV. Code #	<u>600</u>

12/14/12 (Date) STEP ONE: Informal Resolution

12/29/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Hester refused to sign

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? Yes If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today I was attacked and injured by punitive inmates in the hall between 13-14 and 15-18 barracks. The attackers placed a choke hold on me causing injury to right front of my neck and aggravating my neck injury on the back of my neck. I could not sleep afterwards. I lost consciousness due to the choke hold and wake on the ground. The attack left me injured in my right shoulder as well. I was taken to the infirmary and seen by Nurse Scott Newman who only took my blood pressure, typed it into the computer and said "you caught your" I was not checked for the injuries I had sustained to Nurse Newman.

RECEIVED

DEC 21 2012

Michael Bowden  
Inmate Signature

12/14/12 VARNER UNIT GRIEVANCE  
Date

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature  
Describe action taken to resolve complaint, including dates: \_\_\_\_\_ Date Received \_\_\_\_\_

RECEIVED-DEPUTY DIRECTOR  
ARKANSAS DEPARTMENT  
OF CORRECTION

JAN 29 2013

12

Staff Signature & Date Returned

This form was received on \_\_\_\_\_ (date), pursuant to Step Two. Is it an Emergency Grievance (Yes or No).  
Staff Who Received Step Two Grievance: \_\_\_\_\_ Date: \_\_\_\_\_

Action Taken: \_\_\_\_\_ (Forwarded to Grievance Officer/Warden/Other) Date: \_\_\_\_\_  
If forwarded, provide name of person receiving this form: Djok P Date: 12/21/12

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

54

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center: VORNER

Name: Bowden, M

ADC# 88956

Brks # 17

Job Assignment Picket duty

FOR OFFICE USE ONLY

GRV. #

Date Received:

GRV. Code #:

1-9-13 (Date) STEP ONE: Informal Resolution

1-9-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Sgt. Whaley refused, stating:

"I don't know what to do with this. Take it back."

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I submitted three grievances with respect to the attack on me in December 2012, by placing them in the grievance box, and have not received Unit Level acknowledgment from the ADC Inmate Grievance Coord.

Michael F. [Signature]  
Inmate Signature

1-9-13  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature  
Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Date Received

Staff Signature & Date Returned

Inmate Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: Sgt. D. Burckhardt Date: 1-24-13

Action Taken: forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

13

55

## UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VarnerName Bowden, M.ADC# 88956Brks # 17Job Assignment Picketman

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

1-9-13 (Date) STEP ONE: Informal Resolution1-9-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)If the issue was not resolved during Step One, state why: Egt. Whaley refused stating "I don't know what to do with this. Take it back!"

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mentalBRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print): I received an answer from my Report of Stolen Property, dtd 12-14-12. The answer on the form stated: "Some of Inmate Bowden's commissary was returned to him." This statement is false.M. Bowden  
Inmate Signature1-9-13  
Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Describe action taken to resolve complaint, including dates: \_\_\_\_\_

Date Received

Staff Signature &amp; Date Returned

Inmate Signature &amp; Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: Egt. H. R. R. R. Date: 1-24-13Action Taken: Forwarded (Forwarded to Grievance Officer/Warden/Other) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW &amp; PINK – Inmate Receipts; BLUE-Grievance Officer; ORIGINAL-Given back to Inmate After Completion of Step One and Step Two

14

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Department of Correction  
Report of Stolen Property

Date: 12-14-12

To: MAJOR BOLTON, Chief Security Officer

Name: BOWDEN, MICHAEL No. 88956

Description of Property:

HOLIDAY PACKAGE

Give Complete Detail of Property and Where Property was last Seen:

CHRISTMAS PACKAGE WAS LAST SEEN IN THE  
JUNIOR GOING INTO THE NEW BUILDING. SEE  
COMMISSARY RECORDS FOR COMPLETE LIST OF ITEMS.  
SECURITY IDENTIFIED I. JOHNSON AND J. CARTWRIGHT AS  
THE INMATES WHO STOLE THE HOLIDAY PACKAGE.

Some of Inmate Bolton  
Commissary was return to  
him, both Inmate's way  
and assign to BGS.

Michael Bowden

Inmate's Signature

Sgt. Klaygo & Sgt. Menter  
referred to sign

Security Officer

ADC- C-1079

C-841-6

15

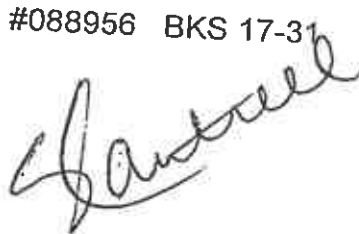
57

**ARKANSAS DEPARTMENT OF CORRECTION  
VARNER UNIT  
INTER-OFFICE COMMUNICATION**

---

TO: Inmate Bowden, Michael ADC #088956 BKS 17-31  
FROM: Sharon L. Cantrell, Grievance  
RE: Pink copies of grievances  
DATE: March 7, 2013

---



Attached are your three pink copies of your Step One (1) Informal grievances. I inadvertently picked these up with some other papers and placed them in my notebook. Sgt. Burchfield asked me about them last night; she said you had asked her about them. I apologize for any inconvenience this may have caused.

Cc: File

16

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# UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center VORNER

Name Burden, M

ADC# 889516

Brks # 17

Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. #

Date Received:

GRV. Code #:

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Sgt. Master returned to work

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why:

Is this Grievance concerning Medical or Mental Health Services? NO If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Terbu I was attacked by a group of inmates in an area outside their designated area (in the hallway between 13-14 and 15-18 barracks. These inmates are all class III-IV and are on inmate status. ADC chase to get these inmate in the middle of population. As a result, there was a commotion every time their barracks doors open, causing havoc throughout population. (Grouping up in various areas, looking at at different areas in the hallway and threatening others). The inmate group was out of their barracks for several minutes to an hour without supervision. The officers who could have prevented the attack were in fear of these inmate inmates and allowed them to do as they pleased. The attack on me has happened several times before ADC refused to remedy the problem. Also, the method of attack was a copy of what was shown on T.V. on a late night program in the inmate barracks.

Inmate Signature

Date

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Describe action taken to resolve complaint, including dates:

Date Received

Staff Signature & Date Received

This form was received on 1-24-13 (date), pursuant to Step Two.

Staff Who Received Step Two Grievance: [Signature] Is it an Emergency? \_\_\_\_\_ (Yes or No).

Action Taken: Forwarded (Forwarded to Grievance Officer)

If forwarded, provide name of person receiving this form: \_\_\_\_\_

Date: 1-24-13

Date: 1-24-13

ate:

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance to Inmate After Completion of Step One and Step Two

ORIGINAL-Given back

59

## UNIT LEVEL GRIEVANCE I M (Attachment I)

Unit/Center VarnerName Brandon, M.ADC# 88956Brks # 17Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

12/14/12 (Date) STEP ONE: Informal Resolution12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  
If the issue was not resolved during Step One, state why: Hostile refused to sign Sgt. Mingo & Sgt.

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mental

BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today I was attacked and injured by at least two punitive inmates from 11 barracks who were in an unauthorized housing area. Two of the group who attacked me were identified as Justin Cartwright # 140279 and Ivory Johnson # 132361 from 11 barracks. It was Johnson who attacked me from behind and strangled my neck with a choke hold. The attack was made in plain view of the officer assigned to the area C.O. S. Hudson. Prior to the attack there were several punitive inmates standing in the area with no such victim. It was a clear breach of security and lax of duty for the punitive inmates to be standing and stalking potential victims. An attempt was made to insure my safety by allowing the punitive inmates past the North 4 riot gate (C.O. G. Williams sent). During the attack the attackers wore hoods, and stole my \$1000 holiday package. I am requesting that all video recordings from 11 barracks hallway through 16 barracks hallway, including surrounding hallways, be preserved for Court.

Inmate Signature M. BrandonDate 12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

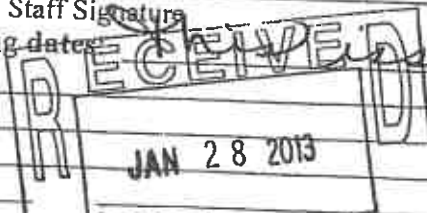
PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

investigation

Staff Signature &amp; Date Returned

01/29/13

Inmate Signature &amp; Date Received

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).Staff Who Received Step Two Grievance: Sgt. MingoAction Taken: forwarded (Forwarded to Grievance Officer/W) Date: 1-24-13

If forwarded, provide name of person receiving this form: \_\_\_\_\_ Date: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grieva  
to Inmate After Completion of Step One and Step Two

18

ORIGINAL-Given back 60

# UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name Dauden M

ADC# 88956

Brks # 17

Job Assignment Picket Person

FOR OFFICE USE ONLY

GRV. # \_\_\_\_\_

Date Received: \_\_\_\_\_

GRV. Code #: \_\_\_\_\_

12/14/12 (Date) STEP ONE: Informal Resolution

12/20/12 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally)  
If the issue was not resolved during Step One, state why: Sgt. Hester refused to speak

(Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to a substantial risk of physical harm; emergency grievances are not for ordinary problems that are not of a serious nature). If you marked yes, give this completed form to the designated problem-solving staff, who will sign the attached emergency receipt. If an Emergency, state why: \_\_\_\_\_

Is this Grievance concerning Medical or Mental Health Services? No If yes, circle one: medical or mental  
BRIEFLY state your one complaint/concern and be specific as to the complaint, date, place, name of personnel involved and how you were affected. (Please Print):

Today, I was attacked by inmates writing in ambush in the recreation building. I lost approximately \$100 and was taken by at least two inmates. I was taken by #140279 and Tracy Johnson #132341. These inmates were part of a group standing in an unauthorized area waiting for a victim and no plain view of Co. S. Hudson and Co. G. Williams. I want to be reimbursed for my loss (including the time identified attack - accounts for the full amount of my loss).

Michael Dauden  
Inmate Signature

Date

12/14/12

If you are harmed/threatened because of your use of the grievance process, report it immediately to the Warden or designee.

## THIS SECTION TO BE FILLED OUT BY STAFF ONLY

This form was received on \_\_\_\_\_ (date), and determined to be Step One and/or an Emergency Grievance (Yes or No). This form was forwarded to medical or mental health? \_\_\_\_\_ (Yes or No). If yes, name of the person in that department receiving this form: \_\_\_\_\_ Date \_\_\_\_\_

PRINT STAFF NAME (PROBLEM SOLVER)

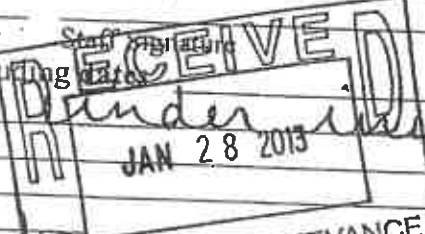
ID Number

Staff Signature

Describe action taken to resolve complaint, including date:

Date Received

This issue is under investigation



Staff Signature & Date Returned

This form was received on 1-24-13 (date), pursuant to Step Two. Is it an Emergency? \_\_\_\_\_ (Yes or No).

Staff Who Received Step Two Grievance: A. L. Williams Date: 1-24-13

Action Taken: Forwarded to Grievance Officer/W  
If forwarded, provide name of person receiving this form: \_\_\_\_\_

Date: 1-24-13

e: \_\_\_\_\_

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance to Inmate After Completion of Step One and Step Two

ORIGINAL-Given back 61

19



INMATE NAME: Bowden, Michael D.

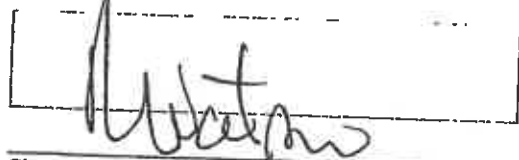
ADC #: 088956A

GRIEVANCE #: VU-13-00159

WARDEN/CENTER SUPERVISOR'S DECISION

In response to grievance VU-13-00159 you stated that "I've sent three copies, the white, blue, and pink of my grievances in December as a result of the attack on my person and theft of my christmas package, to Ms. Bennett, yet I have not received any acknowledgement."

According to Inmate Grievance Coordinator Mrs. Carolyn Bennett records show that the grievance office has only received one grievance in the month of December 2012 which was a medical VU-12-2102. All grievances are processed according to AD 12-16 Inmate Grievance Procedure. According to the grievance policy AD 12-16 the inmate must submit a step one informal grievance to the problem solver or Sergeant or above and if they do not respond or if the inmate does not agree with the response the inmate has three days to proceed to a step two formal grievance. When an inmate chooses to go to step two the grievance then becomes a formal grievance. The inmate must then submit either the white, pink or yellow copy of the grievance with a date and justification of why the inmate is proceeding to a step two formal grievance. If you reside in the Varner Unit you will drop your step two formal grievances in the grievance box in the Varner Unit next to the Master Control Booth and if you reside in the Varner Super Max then you will give your step two formal grievances to the problem solver or Sergeant or above who will then drop it in the grievance box. If you do not submit your step two formal grievances to the grievance office then it can not be processed as a grievance. Therefore I find this grievance without merit.



RECEIVED

Signature of Warden/Supervisor or Designee

APR 16 2013



Title

4-3-13  
Date

INMATE GRIEVANCE SUPERVISOR

INMATE'S APPEAL

ADMINISTRATION BUILDING

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the appropriate Chief Deputy/Deputy/Assistant Director along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues, which are not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE ABOVE RESPONSE? THE ABOVE DECISION IS IN ERROR. I dropped four grievances (white) in the grievance box on 12/28/12. Three were on the assault, the fourth was medical. All of them had the same reason for proceeding to step two: "Sgt. Mingo and Sgt. Heater refused to sign." Only the medical grievance has been responded to. The three others grieve: (1) ADC creating a dangerous situation where assaults by AdSec inmates on regular population is common; (2) my property (valued at \$100) was stolen as a result of the assault; and, (3) two officers failed to maintain security over AdSec inmates, allowing them to gather and assault me in plain sight of one officer who refused to react. After no response I had Sgt. Burchfield sign and take the blue and pink copies directly to the grievance officer, Sharon Cantrell, who wrote on the pink copies, "This issue is under investigation." dtd 1/29/13. I did all I could do to get these grievances processed, but the staff at Varner hears such grievances and have refused to act upon them, and have deliberately deviated from AD 12-16, in attempt to bury my meritorious claims.



Inmate Signature

88956

ADC#

4-8-13

Date

STATE CLAIMS COMMISSION DOCKET  
OPINION

Amount of Claim \$ 50,000.00

Claim No. 15-0432-CC

Michael Bowden #088956 Claimant  
vs.

Attorneys  
Pro se Claimant

AR Department of Corrections  
State of Arkansas Respondent

Lisa Wilkins, Attorney  
Respondent

Date Filed December 9, 2014

Type of Claim Personal Injury, Failure to Follow  
Procedure, Mental Anguish & Pain  
& Suffering

FINDING OF FACTS

This claim was filed for personal injury, failure to follow procedure, mental anguish and pain & suffering in the amount of \$50,000.00 against Arkansas Department of Corrections.

Present at a hearing June 10, 2015, was the Claimant, pro se, and the Respondent, represented by Lisa Wilkins, Attorney.

The Claims Commission hereby unanimously denies and dismisses this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

Therefore, this claim is hereby unanimously dismissed.

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

Upon consideration of all the facts, as stated above, the Claims Commission unanimously denied and dismissed this claim for Claimant's failure to prove by a preponderance of the evidence any liability on the part of the Respondent.

Date of Hearing June 10, 2015

Date of Disposition June 10, 2015

*H. H. H. H.*  
Chairman  
*Paul S. S.*  
Commissioner  
*Bill L. L.*  
Commissioner

\*\*Appeal of any final Claims Commission decision is only to the Arkansas General Assembly as provided by Act #33 of 1997 and as found in Arkansas Code Annotated §19-10-211.

JUL 06 2015

RECEIVED  
CLAIMANT

IN THE ARKANSAS CLAIMS COMMISSION

MICHAEL D. BOWDEN  
ADC # 088956

V.

NO. 15-0432-CC

ARKANSAS DEPARTMENT OF CORRECTION

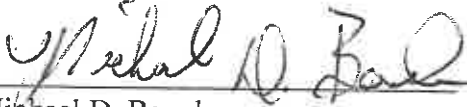
RESPONDENT

NOTICE OF APPEAL

COMES NOW, Claimant, Michael D. Bowden, *pro se*, and for his Notice of Appeal,  
states:

1. Claimant appeals to the General Assembly from the decision by the Arkansas Claims Commission denying relief.
2. Claimant designates the entire record for appeal.

Respectfully submitted,

  
Michael D. Bowden, *pro se*

STATE OF ARKANSAS

COUNTY OF LINCOLN

SUBSCRIBED AND SWORN TO, before me, a Notary Public, on this 2<sup>nd</sup> day of July, 2015.

  
Notary Public

My commission expires on:

04-07-2024

