

MAR 16 2015

E19.

Please print in ink or type

BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

RECEIVED

☒ Mr.
☐ Mrs.
☐ Ms.
☐ Miss

Rich Logan #086813

Claimant

vs.

State of Arkansas, Respondent

Dept. of Corrections

Do Not Write in These Spaces		
Claim No.	<u>15-0616-CC</u>	
Date Filed	<u>March 16, 2015</u>	(Month) (Day) (Year)
Amount of Claim	<u>\$2,500.00</u>	
Fund	<u>DOC</u>	

Failure to follow procedure,
Pain & suffering

COMPLAINT

Rich Logan #086813

(Name)

the above named Claimant, of

P.O. Box 970, Marianna, AR 72360

(Street or R.F.D. & No.)

(City)

(State) (Zip Code) (Daytime Phone No.)

County of

represented by

None
(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: \$2,500.00

Month, day, year and place of incident or service: May 2014

Explanation: Apr. 5-20-14, the Unit Classification Committee reviewed my assignment to Kitchen Cleanup in violation of Administrative Regulations, Administrative Directives, Unit Policy, and the Classification Manual because I did not have a current medical evaluation. This assignment was also in violation of the medical evaluation they did have as this same Committee refused me this same job in January 2013 saying that due to these medical restrictions, I could not be assigned to this job. In violation of policy, they did not forward a copy of my USF to (medical limitations) to my work supervisor. I was made to work way beyond my limitations, and due to this I began suffering illness and physical debilitation, and I was forced to seek, and pay for, medical treatment on many occasions. Due to my repeated illness, I suffered grievous physical pain, and due to my being physically incapacitated, was forced to curtail my activities of the only money making opportunity I have - lobbying -- by at least half. I filed numerous grievances, but to no avail, and a point in time that in January 2013, they said in a grievance that I was too physically limited to work this job. Eventually, the ABC started to blame my lack of a current medical evaluation on the medical company in order to avoid the fact that they violated all of their own policies in assigning me. (See attached Grievances)

As parts of this complaint, the claimant makes the statements, and answers the following questions, as indicated: () 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 verify believes that they are true.

RICK LOGAN

(Print Claimant/Representative Name)

Rich Logan

(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

CLEASTER DEAN
NOTARY PUBLIC STATE OF ARKANSAS
SEBASTIAN FRANCIS COUNTY
My Commission Expires 10-18-2022
Commission # 12390700

on this

19

day of

February

2015

(Date)

(Month)

(Year)

Cleaster Dean

(Notary Public)

My Commission Expires:

10-18-2015

(Month)

(Day)

(Year)

SF1- R7/99

UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center EARU

JAN 7 2013

Name RICK LOGAN

EAST AR REGIONAL UNIT

ADC# 86813 Brks # 9 Job Assignment B/U

FOR OFFICE USE ONLY

GRV. # EA-13-00046Date Received: 1-7-13GRV. Code #: 202

01-03-13 (Date) STEP ONE: Informal Resolution

01-16-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This is about more than ajob, this is about placing an inmate, me, at risk knowingly, and taking others

(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):

On 01-03-13, I was seen by the Unit Classification Committee to be reviewed for a job assignment. Mr. Ball had my medical restrictions read out, and I asked him if I could be returned to kitchen cleanup, my previous job assignment. Mr. Ball, and the committee determined that because of my medical restrictions I could not be assigned to Kitchen cleanup. I September of 2011, Mr. Ball and the Classification Committee, and again in February 2012, Mr. Ball, and the Classification Committee, assigned me to kitchen cleanup. During my time working in the kitchen I lifted items that were up to 100 pounds by direct orders of my supervisor, and after Captain Dawson assigned me to the back dock, I processed and cut up raw vegetables, I pushed carts, cleaned trays, cleaned walls, counters, and floors, cleaned carts with sharp edges, was burned by bleach that was not properly diluted by the supervisor, and a host of other duties that were done under assignment and direct order of the supervisor. My medical restrictions were the same when they assigned me to the kitchen cleanup as they are now that they say I am medically excluded from this job.

Rick Logan01-05-13

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 1-5-13 (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: Sgt. Foreman Date 1-5-13

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date Received

Describe action taken to resolve complaint, including dates:

grievable which is policy for inmate grievance procedure. Job assignments are made now

RECEIVED

Staff Signature & Date Returned

FEB 1 3 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: INMATE GRIEVANCE SUPERVISOR

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

INMATE NAME: Logan, Rick

ADC #: 086813A

GRIEVANCE #: EA-13-00046

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Logan, you grieve the need to be assigned to Kitchen Cleanup Crew. Your complaint is noted. On 7/3/2012, the Classification Committee approved your assignment to Building Utility due to your health restrictions. This should resolve your complaint.

[Signature]

Signature of Warden/Supervisor or Designee

[Signature]

Title

2/1/2013

Date

INMATE'S APPEAL

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?

~~This grievance is not about me needing to be assigned to kitchen cleanup crew. This grievance is about me being assigned to kitchen cleanup, and being made to perform work duties in violation of my medical restrictions, from September of 2011 to July of 2012. I worked the back dock, per Captain Dawson, and was forced to lift up to 100 lbs., I pushed heavy carts full of trays and food, I cleaned carts with sharp edges, I was exposed to and burned by chemicals, I processed and cut up raw vegetables. Also, on 7-3-12, I was assigned to BU because I got reduced to class III, not because of my medical restrictions. Mr. Bunt purposely did not address the violations, and is not holding anyone accountable for assigning me a job, and working me in violation of my medical restrictions.~~
Rick Logan
Inmate Signature

ADC#

Date

WHEN IS SOMEONE GOING TO BE HELD ACCOUNTABLE FOR VIOLATING POLICY AT THIS UNIT! RECEIVED

FEB 13 2013

(This is not a part of the grievance appeal)
(It is merely supplementary language for
the grievance appeal)

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

IGTT430
3GD

Attachment VI

INMATE NAME: Logan, Rick

ADC #: 086813

GRIEVANCE#: EA-13-00046

I have received your formal grievance dated 01/06/13 in reference to being assigned to the Kitchen for your current job assignment.

After reviewing all supporting documentation, it was determined that the Classification Committee assigned you to Building Utility on 07/03/12 in accordance with your medical restriction. Your current job assignment does not violate your medical restriction so there this matter is non-grievable.

Therefore, I concur with the Warden's response of no merit.
Appeal denied.

17 M7

Director

Date

3.12.13

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EARD

Name Rick Logan

GRIEVANCE/RECEIVED

C# 86813 Brks # 20/23 Job Assignment OCT 1 4 2014 Kitcher

FOR OFFICE USE ONLY	
GRV. # <u>EA-14-01791</u>	Date Received: <u>10/14/2014</u>
GRV. Code #: <u>000</u>	

(Date) STEP ONE: Informal Resolution EAST AR REGIONAL UNIT

10-13-14 (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 am being made to work in excess of my physical ability. Classification cleared me to work but the grievance process that I do not have a current physical assessment.

10-08-14 (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: I am at a substantial risk of physical harm and have already been harmed physically.

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): The medical staff in classification have approved me to be assigned to kitchen cleanup.

In June, July, and August, due to working in inclement weather that were beyond my physical capabilities, I was forced to seek, and pay for, medical attention for physical problems caused, or aggravated by my work duties.

I have not had a physical, or been evaluated on my physical capabilities for over 10 years. I have a deteriorating condition that only worsens as I get older.

Due to the medical staff's failure to properly evaluate my medical condition, interpret my medical restrictions, and/or prevent me from being subject to work duties that cause me physical harm, they are being deliberately indifferent to my serious medical needs.

Inmate Signature Rick Logan

Date 10-08-14

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 10-8-14 (date), and determined to be **Step One** and/or an Emergency Grievance NO (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form: Sgt. J. Davis Date 10/8/14

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number 5813

Staff Signature Sgt. J. Davis

Date Received 10/8/14

Describe action taken to resolve complaint, including dates: Mr. Davis you had a physical done 7/20/10 per Dr. Campbell, per policy based on age you are to have a health assessment every 3 years. Will you be on the medical unit?

Staff Signature & Date Returned M. Campbell 10/13/14

Inmate Signature & Date Received Rick Logan 10-13-14

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

Who Received Step Two Grievance: _____

Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: NOV 21 2014

If forwarded, provide name of person receiving this form: _____

Date: _____

DISTRIBUTION: YELLOW & PINK – Inmate Receipts; **BLUE**-Grievance Officer; **ORIGINAL**-Given back

IGTT420
3GH

BK 20-23

Date Mailed

11-10-14

Attachment IV

INMATE NAME: Logan, RickADC #: 086813AGRIEVANCE #: EA-14-01791

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(609) Your 10/8/14 grievance has been received and reviewed as well as your medical record to determine if you were incorrectly assessed a medical co-pay fee.

You state that you were assigned to kitchen clean up due to medical staff's failure to properly evaluate your medical condition.

On 10/16/14, you received a physical examination. You were given restrictions as follows: restrict from assignment requiring strenuous physical activity in excess of 0 hours per day, allow 10 minute break after each hour, and limited duty on feet. You were reassigned on 10/20/14 to building utility. You previous restrictions were as follows (7/22/10): restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing, restrict assignment requiring strenuous physical activity for periods in excess of 0 hours, restrict assignment requiring handling, lifting of heavy materials in excess of 20 lbs or requiring overhead work for a period in excess of 1 hours, and restrict assignment requiring exposure to high environmental temperature for a period in excess of 1 hours. Your restrictions from 7/22/10 were terminated upon your recent physical examination.

Due to medical restrictions being set it is the job of security to follow those restrictions and assign you to the appropriate duty. You were reassessed for medical restrictions by the medical provider and your job assignment was changed. Your grievance is without merit.

Javonda Key

RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

NOV 21 2014

Signature of Health Services
Administrator/Mental Health Supervisor or
Designee

Lic practical Nurse

11/10/2014

HEALTH & CORRECTIONAL PROGRAMS

Title

Date

INMATE'S APPEAL

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?

The medical department, and the Unit Classification Committee were aware that by policy my medical restrictions should be updated every three years by physical examination, yet even though they knew my status was not up-to-date by policy,

they still assigned me to a job. When they 2nd Anally Page 2 of 2
follow policy they found that I was being worked beyond
my medical capabilities. Furthermore, while I was assigned
to this job, the work supervisors forced me, by threat of
disciplinary action, to perform job duties beyond my medical
capabilities. No investigation as to what job duties I was
forced to perform was done. I had repeated physical injuries due to
Rich Logan 086813 11-12-14 this.

Inmate Signature

ADC#

Date

RECEIVED-DEPUTY DIRECTOR
ARKANSAS DEPARTMENT
OF CORRECTION

NOV 11 2014

HEALTH & CORRECTIONAL PROGRAMS

INMATE NAME: Logan, Rick

ADC #: 086813

GRIEVANCE#:EA-14-01791

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On October 8, 2014, you grieved that you are being forced to perform job duties that are beyond your physical capabilities due to your physical not being updated. You state you have not had a physical in over ten years. You state you have a deteriorating condition that is worsening as you get older. You state you were forced to seek and pay for medical attention in June, July, and August. You state the medical department's failure to properly evaluate your medical condition is showing deliberate indifference to your serious medical needs.

The medical department responded, "On 10/16/14, you received a physical examination. You were given restrictions as follows: restrict from assignment requiring strenuous physical activity in excess of 0 hours per day, allow 10 minute break after each hour, and limited duty on feet. You were reassigned on 10/20/14 to building utility. Your previous restrictions were as follows (7/22/10): restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing, restrict assignment requiring strenuous physical activity for periods in excess of 0 hours, restrict assignment requiring handling, lifting of heavy materials in excess of 20 lbs or requiring overhead work for a period in excess of 1 hours, and restrict assignment requiring exposure to high environmental temperature for a period in excess of 1 hours. Your restrictions from 7/22/10 were terminated upon your recent physical examination. Due to medical restrictions being set it is the job of security to follow those restrictions and assign you to the appropriate duty. You were reassessed for medical restrictions by the medical provider and your job assignment was changed. Your grievance is without merit."

Your appeal states the medical department and the classification committee was aware that by policy, your medical restrictions should have been updated every three years, yet you were still assigned a job. You state that once policy was followed, it was determined that you were being worked beyond your medical capabilities. You state your work supervisor forced you to perform job duties beyond your medical capabilities by threatening you with disciplinary actions. You state you had repeated physical injuries due to this.

As per policy, for your age, you are to be evaluated for a physical every three years.

According to your electronic medical record, prior to your informal grievance dated October 8, 2014, your last physical examination was July 22, 2010. You did not receive a new physical until October 16, 2014, which is outside the three year time frame allotted for your age.

Due to the medical department's failure to provide you with a physical within the allotted time frame, this appeal is with merit.



Director

Date

1/2/15

APR 10 2015

RECEIVED
CLAIMANT

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RICK LOGAN (ADC 086813)

V.

NO. 15-0616-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

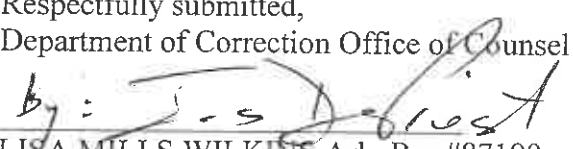
ANSWER

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

by:  80038
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 9 day of April, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Rick Logan (ADC 086813)
East Arkansas Regional Unit
PO Box 970
Marianna, AR 72360-0970

by: 
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

Arkansas Claims Commission

APR 20 2015

RECEIVED

RICK LOGAN, # 86813

CLAIMANT

V.

NO. 15-0616-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONSE TO RESPONDENT'S ANSWER

Comes now the Claimant, Rick Logan, in response to the Respondent's Answer, states and alleges as follows:

1. Respondent is liable for this claim for the following reasons:

① Warden Burl, and Chief Deputy Director Mayhew in January of 2013, that the medical restriction cited in claimant's 2010 medical evaluation prevented claimant from being assigned to Kitchen Cleanup (see EA 13-0046), yet, using this same 2010 medical evaluation in May of 2014, Warden Burl assigned claimant to Kitchen Cleanup. Therefore, Warden Burl knowingly and intentionally placed claimant on a job that claimant was medically restricted from performing, placing claimant in harms way.

② Even though the ADC has tried to put the blame on the medical company for not updating ~~out~~ claimant's medical in a timely manner (see grievance # EA 14-0791 attached to original complaint), it is not medical who assigns jobs. The medical staff merely read the medical evaluation to

(2) Cont.)

the Classification Committee. It is the Committee's job to determine that the inmate has a current medical evaluation, then determine what job he is capable of performing, APC policy, and the Unit Classification Manual both state that no inmate will be assigned a job without a current medical evaluation. The Unit Classification, in addition to knowing that claimant was medically restricted from kitchen cleanup job under the medical restrictions done in 2010, knew that claimant's medical evaluation was not current, and that they were violating policy by assigning claimant a job at all.

③ Policy specifically states that all inmates assigned to non-field jobs must have a copy of their current medical restrictions forwarded to their job supervisor. Claimant's medical restrictions were not forwarded to his job supervisor, therefore, under threat of disciplinary action, claimant was made to work at the supervisor's pleasure in whatever capacity the supervisor asked of claimant.

④ Claimant is not allowed access to copies of his medical records, but these records will show that he suffered, and sought medical attention from June through October, for physically debilitating issues, and continues to have problems of physical deterioration that began more rapid advancement during, and after the period he was assigned to this job.

⑤ Claimant is enclosing 18 more documents showing his repeated attempts to get the administration to

(5) Cont.)


Investigate, or evaluate, his situation, but was ignored and rebuffed at every turn.

6. Had Respondent's followed policy, their own assessment of claimant's medical ability in 2013, or even tried to investigate or evaluate claimant's situation then claimant would not have suffered physically, or financially. Respondent's had every opportunity to prevent this situation yet they knowingly and intentionally chose not to do so, therefore, they are totally liable for this claim.

2. If the Commission so sees fit, Claimant welcomes an Internal Affairs investigation into his complaint, however, also requests an investigation by the Compliance Attorneys Office.

Wherefore, for the reasons cited above, the Claimant prays that this claim continue, and that Respondent's request for dismissal be denied.

Respectfully Submitted

Rich Logan April, 2015


CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 15 day of April, 2015, on the Respondent by serving/placing a copy of the same in the U.S. Mail regular postage to:

Ms. Lisa Mills Wilkins
Attorney Supervisor
P.O. Box 8707
Pine Bluff, AR 71611

PART 1 - RESTRICTIONS:

RESTRICT INMATE FROM:

- ☐ Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour.
- ☐ Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of hours per day. Allow 10 minute break after each hour.
- ☐ Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.

PART 2 - LIMITATIONS:

INMATE REQUIRES:

- * ☐ Bed Rest days. Reason:
- ☒ No Duty 30 days. Reason: MEDICAL
- ☒ No Yard Call 30 days. Reason: MEDICAL
- ☒ No Sports 30 days. Reason: MEDICAL
- ☐ One Arm/Hand Duty days.

PART 3 - AUTHORIZATIONS:

INMATE IS AUTHORIZED TO:

- ☐ Report to the Infirmary for Special Treatments()
- ☐ Soak:
- ☐ Exercise:
- ☐ Other:
- ☐ Bathe in the Infirmary
- ☐ Sitz Bath
- ☐ Cast
- ☐ Other:
- ☐ Have in Possession:
- ☐ Cane
- ☐ Crutches
- ☐ Brace: (describe briefly)
- ☐ Prescribed Footwear:
- ☐ Orthopedic Appliance: (describe briefly)
- ☐ Other:
- * ☐ Go to Dining/Pill Window/Shower Only

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 07/14/2014 04:08:00 AM

This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 08/13/2014 04:08:00 AM

Aric Wade Simmons

APR

Name: Logan, Rick

DOB: 04/25/1964

ADC#: 086813

Aric Wade Simmons

Distribution: Original - Medical Jacket

7-14-14

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EADU

Name Richhogan

ADC# 80813 Brks # 20 Job Assignment Kitchen Cleaning

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

06-05-14 (Date) STEP ONE: Informal Resolution

06-15-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This Informal Resolution was not responded to in 3 working days.

(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): Approximate 2 weeks ago the Unit Classification Committee assigned me to a room BU for kitchen cleaning, in direct violation of my medical restrictions, according to the same Unit Classification Committee. In January 2013, after I argued with and assigned to a job, the Unit Classification Committee was denied and stated in his response to the grievance I was not being assigned to kitchen cleaning, but being assigned to a BU, that the Committee assigned me to BU, instead of kitchen cleaning, due to my health restrictions, however, my assigned duties in this response, my health restrictions are now the same as they were in January of 2013, therefore, I am now assigned to a job. In May of 2014, that I was denied assignment to a job. In January of 2013, even though my health restrictions are the same (See EA-13-000000). I am working hours beyond my medical restrictions, performing duties beyond my weight limits, and physical limitations, in an area that is beyond my temperature limit.

Inmate Signature Richhogan

Date 6-5-14

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 6-5-14 (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) M. Williams ID Number 7220 Staff Signature [Signature] Date Received 6-11-14

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

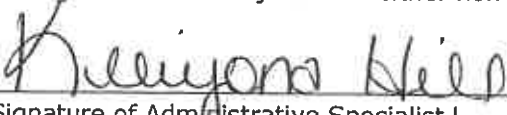
BK 20-23
Attachment II

ACKNOWLEDGMENT OR REJECTION OF UNIT LEVEL GRIEVANCE

TO: Inmate Logan, Rick
FROM: Hill, Keeiyona M
DATE: 06/16/2014

ADC #: 086813A
TITLE: Administrative Specialist I
GRIEVANCE #: EA-14-00933

Please be advised, I have received your Grievance dated 06/05/2014 on 06/16/2014.
Your grievance was rejected as either non-grievable, untimely, duplicative, frivolous, or vexatious.


Signature of Administrative Specialist I

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 UNTIMELY, 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.

This was signed for on 6-9-14. That shift worked on the 10th, the worked on the 13th and the 14th, 3 working days, and I received no answer, therefore, I went to grievance level.

Rick Logan 086813 06-16-14
Inmate Signature ADC # Date

RECEIVED

JUN 20 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

INMATE NAME: Logan, Rick

ADC #: 086813

GRIEVANCE#:EA-14-00933

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

June 5, 2014, you grieved that medical restrictions are being overlooked by the Classification Committee when they reassigned you to a different job.

After reviewing all supporting documentation, I have determined that I concur with the Unit's rejection of your grievance for being untimely. Due to your failure to adhere to AD 14-16 and submit your complaint within the designated time frame, I will not address the merits of your appeal, which is denied. Furthermore, you cannot grieve on the behalf of another inmate.

Furthermore, you could have proceeded to step two after 3 days if the Problem Solver failed to respond to your complaint with your pink or yellow copy.


Director

8-1-2014
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EAR

Name Rich Logan

ADC# 86813 Brks # 20 Job Assignment Kitchen Cleanup

(Date) STEP ONE: Informal Resolution

FOR OFFICE USE ONLY	
GRV. #	<u>EA-14-00983</u>
Date Received:	<u>6-23-14</u>
GRV. Code #:	<u>202</u>

06-23-14 (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 am being forced to work beyond my medical ability. I am in pain. I cannot renew. I am not supposed to do kitchen cleanup. EA-13-0004e.

06-16-14 (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: I am being forced to work duties that are injuring me physically, and exposing me to physical harm.

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): Approximately a month ago I was assigned to kitchen cleanup by the Unit Classification Committee.

The Classification Committee knows this job violates my medical restrictions. In January 2013, the Unit Classification Committee specifically reviewed me for possible assignment to a job. My medical restrictions were the same then, as they are now. The Unit Classification Committee specifically stated that due to my medical restrictions, I would remain on Building Utility. Furthermore, they specifically stated that I could not be assigned to kitchen cleanup due to my medical restrictions. Warden Burt and Larry May, agreed with this assessment, see grievance # EA-13-0004e. I submitted an Informal Resolution on 6-9-14 but it was not answered, and I went to grievance level, and it was not answered. Every day that I am being forced to work is further aggravating, and risking, my physical health, knowingly and intelligently.

Inmate Signature Rich Logan

Date 6-16-14

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 6/16/14 (date), and determined to be Step One and/or an Emergency Grievance no (Yes or No). This form was forwarded to medical or mental health? no (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

Sgt Mitchell 58955 Sgt J Mitchell 6/16/14
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Sgt Mitchell received notice from Classification that inmate Logan received a medical review and was granted a different job assignment.

Sgt J Mitchell 6/21/14 Rich Logan 6-21-14
Staff Signature & Date Returned RECD 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: JUL 14 2014 Date: _____

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

If forwarded, provide name of person receiving this form: INMATE GRIEVANCE SUPERVISOR Date: _____

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

Classification
Attachment VIII

IGTT450
3GI

JUN 28 2014

Arkansas Department of Correction Inmate Grievance Investigation Worksheet

The below listed inmate has filed a grievance/appeal with this office. In the area for an employee statement, please write a detailed response regarding the issue(s) stated by the inmate in this grievance. The statement "I have no knowledge", is not acceptable. Also, please submit any supporting documentation with your response, i.e., disciplinary, 005's, logs, medical information, other officers and/or inmate statements, etc.

EMPLOYEE: Davis, Paulette R

UNIT: East AR Region. Unit

RE: INMATE: Logan, Rick

ADC#: 086813

FROM: Hill, Keeiyona M

DUE DATE: 06/26/2014

GRIEVANCE #: EA-14-00983

DATE OF INCIDENT: 06/23/2014

Inmate's Complaint:

Approximately a month ago I was assigned to kitchen cleanup by the unit classification committee. The classification committee knows this job violates my medical restrictions. In January 2013, the Unit classification committee specifically reviewed me for possible job assignment to a job. My medical restrictions were the same then, as they are now. The unit classification committee specifically stated that due to my medical restrictions, I would remain on building utility. Furthermore, they specifically stated that I could not be assigned to kitchen cleanup due to my medical restrictions. Warden Burl, and Larry May, agreed with this assessment, see grievance #EA-13-00046. I submitted an informal resolution on 6-9-14, but it was not answered, and I went to grievance level, and it was not answered. Everyday that I am beign forced to work is (end of allotted space)

Question(s) for Employee:

Is this inmate assigned to the correct job assignment according to his medical restrictions? Explain.

Employee Statement: Inmate was seen by the committee and the medical review was done for a job change and the inmate was reassigned to KEC per the committee the medical was read by medical staff and according to the inmates medical the inmate can work on Kitchen cleanup. See attached forms. End of Statement.

R Davis

6/24/2014

INMATE NAME: Logan, Rick

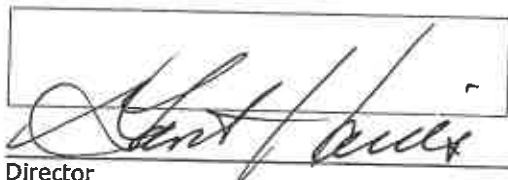
ADC #: 086813

GRIEVANCE#:EA-14-00983

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

June 22, 2014 you grieved that you have incorrectly assigned to a job, which violates your medical restrictions.

After reviewing all supporting documentation, I have determined that this grievance should have been rejected at the unit level for being untimely. Due to your failure to adhere to AD 14-16 and submit your complaint within the designated time frame, I will not address the merits of your appeal, which is denied.


Director

8-13-2014
Date

UNIT LEVEL GRIEVANCE FORM (Attachment 6)

Unit/Center

EARU

Name

Rick Logan

ADC#

80813

Brks #

20

Job Assignment

Kitchen Cleanup

(Date) STEP ONE: Informal Resolution

07-14-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: It is clearly marked thatthis is NOT A MEDICAL ISSUE, NO RESPONSE WAS GIVEN!

07-14-14 (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: I am suffering a acute physical harmto my back, legs, hands, and feet, and it is getting worse.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 personnelinvolved and how you were affected. (Please Print): I am assigned to kitchen cleanup.Under threat of disciplinary action, I am being forced toperform physical job duties that exceed my medical restrictions.I am made to work 5 to 7 hours at a time. The environmentI am working in is an extremely hot climate. I am beingforced to stand, bend, and squat for prolonged periodsof time. I have had to lift over 50 pounds at one time,and perform overhead work for a prolonged period of time.I have already been to Sick Call twice because my back, myright leg, my hands, and my feet, are suffering the illeffects of being forced to work beyond my medical restrictions.I am in constant acute pain, and am walking with a limp. WardenBurl assigned me to this job, although he knows full well it isbeyond my medical restrictions (see EA-13-00046).Rick Logan07-14-14

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 ONLYThis form was received on 7-14-14 (date), and determined to be **Step One** and/or an Emergency GrievanceYES (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, nameof the person in that department receiving this form: Sgt. T. Davis Date 7-14-14

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: You must report this issueto security following the chain of command. This is not a medicalissue. Once medical assigns restrictions it is security'sjob to follow them. Implem 7-16-14Implem 7-17-14Rick Logan 7-16-14

Staff Signature & Date Returned Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance: _____ Date: _____

Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: 07 2014

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

INMATE GRIEVANCE SUPERVISOR-

DISTRIBUTION: YELLOW & PINK - Inmate Receipts; BLUE-Grievance Officer, ORIGINAL Given back to Inmate After Completion of Step One and Step Two. 609

BK2010231

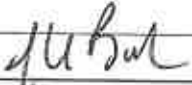
IGTT410
3GS

Attachment III


INMATE NAME: Logan, RickADC #: 086813AGRIEVANCE #: EA-14-01151

WARDEN/CENTER SUPERVISOR'S DECISION

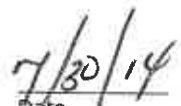
Inmate Logan, you grieve you are assigned to kitchen cleanup under threat of disciplinary action and you are being forced to perform a physical job duties which exceeds your medical restriction. Your complaint is noted. Mrs. Green, Classification Officer, stated you were seen for a medical review and given a job according to your medical records. Documentation reveals you currently have a script from medical for no duty, no yard call and no sports for 30 days which expires on 08/13/2014. This should resolve your complaint.



Signature of Warden/Supervisor or Designee



Title



Date

INMATE'S APPEAL

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?

I am not agreeing being assigned a job. However, this does not resolve my complaint. I am being forced to work beyond my physical capabilities, which has resulted in me being forced to seek out and pay for medical attention, because the job duties are causing me injury. N. B. and the Class Committee, know that I am not physically capable of the job duties, as they denied me this same job in Dec 13 causing my medical problems (see EA 13-0006).



Inmate Signature



ADC#



Date

RECEIVED

AUG 07 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

IGTT430
3GD

Attachment VI

INMATE NAME: Logan, Rick

ADC #: 086813


GRIEVANCE#:EA-14-01151

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance appeal dated 07/17/14 in reference to being assigned to the Kitchen Clean Up Crew which violates your medical restrictions.

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of no merit. I am unable to substantiate your claims of incorrectly assigned a job that violates your medical restrictions.

Appeal denied.



Director

Date

9-10-2014

Unit/Center

Name RICHARD

AUG 25 2014

ADC# 86513 Brks # 20

EAST AR REGIONAL UNIT
Job Assignment *Kitchener*

08-29-11 (Date) STEP ONE: Informal Resolution

08-23-11 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: This was not answered in 3 days.

(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): On 8-19-19, I was called to work
in the kitchen at approx. 8:00 pm. until approximate 1 am.

For 54, 5 1/2 hours T. was forced to work in extreme heat in violation of my medical restrictions.

For 340 5 1/2 hours, I was forced to stand on my feet in violation of my medical restrictions

For 6 to 5 1/4 hours I was forced to perform strenuous physical activity in violation of my medical restrictions.

The NCHS supervisors, the Unit Classification Committee, Mr. P. Davis, Warden Burl, and numerous medical staff are aware that I am being worked by a medical restriction, and it is causing me physical damage. Their continued failure to act is deliberate and deliberate.

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 8-14 (date), and determined to be **Step One** and/or an Emergency Grievance Yes (Yes or No). This form was forwarded to medical or mental health? No (Yes or No). If yes, name of the person in that department receiving this form: _____ Date _____

PRINT STAFF NAME (PROBLEM SOLVER) S. E. Miller ID Number 7600 Staff Signature J. S. Soley

Date Received

Describe action taken to resolve complaint, including **dates**:

RECEIVED

OCT 17 2014

INMATE GRIEVANCE SUPERVISOR

Staff Signature & Date Returned

Inmate Signature & Date

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.

INMATE NAME: Logan, Rick

ADC #: 086813A

GRIEVANCE #: EA-14-01383

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Logan, you grieved that on 8-8-14 you was forced to work in the kitchen in extreme heat against your medical restrictions. Documentation shows that on May 19, 2014 you were cleared by medical staff to work on the kitchen clean-up crew. Without further evidence I find your complaint without merit.



Signature of Warden/Supervisor or Designee

Warden

Title

10/10/14

Date

INMATE'S APPEAL

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? On 10-08-14, an Informal Resolution was submitted by me to medical. On 10-13-14 the infirmary stated that my medical restrictions were not clear because I had not had a physical assessment in over 3 years. I have a deteriorating medical condition. I still assent the violation of my medical restrictions, I am being forced to stand for 5 1/2 to 6 hours, work in extreme heat for 5 1/2 to 6 hours, and forced to perform strenuous physical activity for up to 6 hours. This violates my medical restrictions, and was not addressed.

Rick Logan 86813 10-13-14
Inmate Signature ADC# Date

RECEIVED

OCT 17 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

INMATE NAME: Logan, Rick

ADC #: 086813

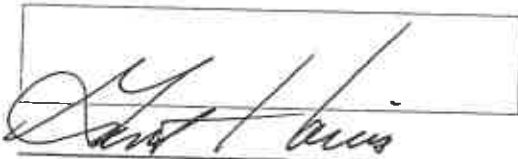
GRIEVANCE#:EA-14-01383

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance appeal dated 08/23/14 in reference to assigning you to a job that violates your medical restrictions.

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of no merit. I am unable to substantiate your allegations of being incorrectly assigned to a job that violates your medical restrictions. On 10/20/14, you were re-evaluated and assigned to Building Utility making your complaint moot.

Appeal denied.


Director

10-24-2014
Date

UNIT LEVEL GRIEVANCE FORM (Attachment H) GRIEVANCE/RECEIVED

Unit/Center

EARU

Name

Rick Hogan

AUG 25 2014

ADC# 80813

Brks # 20

Job Assignment EAST AR REGIONAL UNIT

Kitchen
Cleanup

(Date) STEP ONE: Informal Resolution

FOR OFFICE USE ONLY

GRV. #

EA-14-0370

Date Received:

8/25/14

GRV. Code #:

202

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

If the issue was not resolved during Step One, state why: There are my permanent medical
restrictions - it is staff's job to not put my health at risk intentionally.(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: my health is at a substantial risk
of physical harm.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): On 8-23-14, I was called to work
in the kitchen for approximately 5 hours, 8:30pm to 1:30am.There is no place in the kitchen at this time where it is not
extremely hot. I am medically restricted from environments
of extreme heat. In this case I was forced into an
environment of extreme heat for 5 straight hours.During these 5 hours, I was forced to perform work duties of
a strenuous nature, in extreme heat, and to stand on my feet
for prolonged periods, also in violation of my medical restrictions.The kitchen supervisors, Mrs. P. Green, the Unit Classification Committee,
and Warden Burl, are all aware of my medical condition, and restrictions,
yet they willfully forced me into the position of working under conditions that
are physically debilitating to me. Approximately 3 months after recent work I
committed all of my log and the location.

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 8/24/14 (date), and determined to be Step One and/or an Emergency Grievance

of the person in that department receiving this form:

PRINT STAFF NAME (PROBLEM SOLVER)

ID Number

Staff Signature

Date

Date Received

Describe action taken to resolve complaint, including dates:

THE PROBLEMS W/ THE HEAT
is being addressed however you must follow
procedures as to keeping your script on person.
End of StatementStaff Signature & Date Returned 8/24/14

Inmate Signature & Date Received

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

Staff Who Received Step Two Grievance:

Date:

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date AUG 28 2014

If forwarded, provide name of person receiving this form:

Date:

INMATE GRIEVANCE SUPERVISOR

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

27

INMATE NAME: Logan, Rick

ADC #: 086813

GRIEVANCE#:EA-14-01390

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance appeal dated 08/24/14 in reference to your job assignment is in violation of your medical restrictions.

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of no merit. You were cleared by medical to work on the kitchen cleanup crew.

Appeal denied.


Director

10-13-2014
Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EARU

Name Rick Logan

ADC# 310513 Brks # 20 Job Assignment Kitchen Cleanup

(Date) STEP ONE: Informal Resolution

10-18-14 (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 did not receive a response to this in 3 days.

10-08-14 (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: I have been physically harmed and will continue to be as long as that goes on.

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): On 10-08-14, at approx. 4:20pm, MS. McDaniel called me to the grievance office, and told me that my medical restrictions mean nothing. She said that I can be in any environment up to 95 degrees, that my 9 hours duty doesn't mean 9 hours duty, that my prolonged standing, sleeping, bending, etc., has no time limit, and I can be made to stand for the entire 7 (seven) hours I am scheduled to work daily. When I asked MS. McDaniel what the point was of my medical restrictions, she said no answer. When I told her that I had already suffered severe physical consequences from this assignment, taking her stamp, and that I had no other medical attention, she had nothing to say. When I told her that the Unit Classification Committee put me in Building Utility on 7-3-2-13 due to my health restrictions, and that my Grievance #CA-13-0006, Warden Deal stated that this was correct schedule. MS. McDaniel's failure to thoroughly investigate and resolve this issue is deliberate indifference to my serious medical needs.

Inmate Signature Rick Logan

Date 10-18-14

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 _____ (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.

BK 20/23

IGTT410
3GS

Attachment III

INMATE NAME: Logan, RickADC #: 086813AGRIEVANCE #: EA-14-01802

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Logan, you grieve Ms. McDaniel called you to the grievance office and told you that your medical restriction mean nothing. Your complaint is noted. Ms. McDaniel, Grievance Supervisor, states your allegation are false. You were called to her office to get an understanding of your complaint. She also states you were cleared by medical staff to work in the kitchen and your grievance has been answered. Therefore, I find your complaint without merit.

HUB
Signature of Warden/Supervisor or Designee

Warden
Title

10/31/14
Date

INMATE'S APPEAL

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? Because Mr. Burl did not even

read my grievance. Ms. McDaniel tried to interpret my
medical restrictions to me, and she was incorrect, and not
qualified to do so. The complaint Ms. McDaniel called me for
was well-written, and detailed, yet she asked me nothing
about my complaint, she only attempted to justify the fact that
I was being made to stand for 8 to 6 hours, and work in
extreme heat. Rick Logan
Inmate Signature

86813
ADC#

10-31-14
Date

RECEIVED

NOV 10 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

INMATE NAME: Logan, Rick

ADC #: 086813

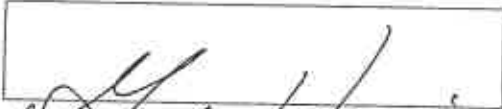
GRIEVANCE#:EA-14-01802

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

I have received your formal grievance appeal dated 10/12/14 in reference to Ms. McDaniel refusing to honor your medical script.

After reviewing all supporting documentation, I have determined that I concur with the Warden's response of no merit. Ms. McDaniel called you to the grievance office so that you could explain your grievance to her. She has nothing to do with your medical restrictions or the determination to honor them.

Appeal denied.



Director

Date

11-20-2014

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RICK LOGAN, #86813

CLAIMANT

V.

NO. 15-0616-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

REQUEST FOR PRODUCTION OF DOCUMENTS AND
WITNESSES

Come now the Claimant, and for this request, states:

1. Claimant requests a copy of his electronic, and paper, medical file, from May 2014 through October 2014, all documents, and medical encounters.
2. Claimant requests a copy of the Unit/ADC Classification Manual.
3. Claimant requests a copy of his medical evaluation done in 2010, and his medical evaluation done in October 2014.
4. Claimant requests two (2) witnesses at hearing - Ms. Pavlette Davis, and Mr. Danny Burl.

Respectfully Submitted,

Rick Logan

August 20, 2015

Arkansas Claims Commission

AUG 24 2015

RECEIVED

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RICK LOGAN (ADC # 086813)

CLAIMANT

V.

NO. 15-0616-CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONSE FOR PRODUCTION OF DOCUMENTS AND WITNESSES

COMES NOW the Respondent, Arkansas Department of Correction, and for its Response to the REQUEST FOR PRODUCTION AND WITNESSES, and responds as follows:

1. Production No. 1: objection. Claimant is not entitled to have a copy of his electronic file.
2. Production No. 2: Objection. He may review the classification policy in the unit law library.
3. Production No. 3: Objection. Claimant may not have a copy of his medical information. He may make an appointment with the provider and review it.
4. Production No. 4: These witnesses have been added to the list for hearing on October 16, 2015.

Respectfully submitted,
Department of Correction
Office of Counsel

Arkansas
State Claims Commission
SEP 10 2015

RECEIVED

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 the DISCOVERY RESPONSE has been served this 9 day of September 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

RICK LOGAN (ADC # 086813)
EARU
P. O. BOX 970
MARIANNA, AR 72360-0970

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RICK LOGAN (ADC # 086813)

Arkansas CLAIMANT
State Claims Commission

V.

NO. 15-0616-CC

SEP 10 2015

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED RESPONDENT

MOTION TO DISMISS

COMES NOW the Respondent, Arkansas Department of Correction, and for its MOTION TO DISMISS, states and responds as follows:

1. Claimant alleges that on May 20, 2014, he was forced to work beyond his medical restriction due to his assignment by the Unit Classification Committee assigning him to the kitchen cleanup crew. He seeks \$2,500.00 in damages. Claimant has failed to state a claim upon which relief can be granted under ARCP 12(B)6) and it should be dismissed.
2. Claimant did not have a restriction from strenuous physical activity or limitation duty on feet until October 16, 2014:

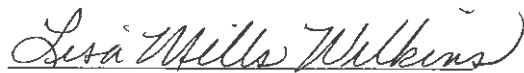
3. Waivers/Health Restrictions (1 - 3 of 3)

Type	Approximate Begin Date	Approximate End Date	Comments
Other Special Authorizations	03/23/2015	03/22/2016	Other: Double matt script
Avoid Strenuous Physical Acty	10/16/2014		Restrict from assignment requiring strenuous physical activity in excess of 0 hours per day. Allow 10 minute break after each hour.
Other Restrictions	10/16/2014		Other limitations: Limitation duty on feet

4. Claimant had been seen for and treated for back pain for several months off and on, but Corizon medical staff did not place any restriction on his work assignments until the above date; therefore, Claimant was properly assigned on May 20, 2014.

WHEREFORE, for the reasons stated above and the evidence submitted, the Claim must be dismissed.

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

CERTIFICATE OF SERVICE

I certify that a copy of the MOTION TO DISMISS has been served this 9th day of September, 2015, on the below Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

RICK LOGAN (ADC # 086813)
EAMU
P. O. Box 970
MARIANNA, AR 72360-0970

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190

15-0616

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RICK LOGAN, #86313

CLAIMANT

RECEIVED

V. NO. 13-06666

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

RESPONSE TO RESPONDENT'S MOTION TO DISMISS AND RESPONDENT'S RESPONSE
TO CLAIMANT'S REQUEST FOR PRODUCTION OF DOCUMENTS

Coming now the Claimant and for his response states;

1. Claimant was forced to work beyond his medical restrictions just by being assigned to a job at all. Enclosure # EA 14-01791, attached to the original complaint, states that Claimant's medical restriction evaluation was not correct by ADC policy, therefore, the Unit Classification Committee assigned Claimant to a job that was beyond his medical ability because there was NO MEDICAL RESTRICTION EVALUATION. This was found "with merit" at all 3 levels of the grievance procedure. Furthermore, for the sake of argument, at two levels of this grievance, my outdated (7-22-10) restrictions that they relied on to assign Claimant to kitchen cleanup were: ① restrict assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing; ② restrict assignment requiring strenuous physical activity in excess of ① hours (one of the restrictions Respondent claims in her motion that Claimant did not have prior to 10/2014); ③ restrict assignment requiring handling lifting, of heavy materials in excess of 20 lbs, or requiring overhead work for a period in excess of 1 hour; ④ restrict assignment requiring exposure to high environmental temperatures in excess of one ① hour. Even these outdated medical restrictions were violated, more specifically restrictions ① and ④, but also ② and ③. Claimant was forced, on many occasions, and almost daily, to stand in excess of 6 hours at a time, work in high environmental temperatures, AND, was forced scrub walls and floors, on his hands and

knees, lift boxes in excess of 30 lbs, and work overhead scrubbing walls. Medical Records will show Claimant had consistent, troubling, problems with his legs, and heart-related illness, and that in retaliation, and for no apparent medically-related reason, after many years of being restricted from high environmental temperatures, this restriction was taken from Claimant.

2. In Guidance #13-00046, using the same 7-22-10 medical evaluation, the Unit Classification Committee refused to assign Claimant to Kitchen Cleanup, and cited that Claimant's medical restrictions prevented his assignment to Kitchen Cleanup. Both Warden Burl, and Deputy Director May concurred with that assessment. Therefore, the Respondents' had prior knowledge that this job assignment was in violation of policy, and had the potential to injure Claimant, (attached to original complaint)

3. For the benefit of the Claims Commission, Claimant needs his electronic, and paper medical file to be available at the hearing, and for the witness, P. Davis, to have the Classification Policies, and the Classification Officer's Manual,

Wherefore, Claimant requests that the Commission deny Respondent's Motion to Dismiss, and have all witnesses, and documents present at the hearing.

Rick Hogan #86813

9-16-15

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 2500.00

Claim No. 15-0616-CC

Attorneys

Rick Logan, #086813

Claimant

Pro se

Claimant

vs.

Department of Corrections

Respondent

Lisa Wilkins, Attorney

Respondent

State of Arkansas

Date Filed March 16, 2015

Type of Claim Failure to Follow Procedure, Pain
And Suffering

FINDING OF FACTS

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 2-3 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously grants the Respondent's "Motion to Dismiss" for reasons set forth in paragraphs 2-3 contained in the motion. Therefore, this claim is hereby unanimously denied and dismissed.

Date of Hearing October 14, 2015

Date of Disposition October 14, 2015

[Signature]
Chairman

[Signature]
Commissioner

[Signature]
Commissioner

ICKLOGAN, #86813

CLAIMANT

NO: 15-0616CC

ARKANSAS DEPARTMENT OF CORRECTION

RESPONSE
State of Arkansas
Claims Commission
NOV 09 2015MOTION FOR RECONSIDERATION OF CLAIM

RECEIVED

ons, now the claimant, and for his Motion States:

The Claims Commission Dismissed Claimant's claim due to false evidence in Respondent's Motion to Dismiss as they relied upon numbers 2 and 3. Claimant has already submitted this evidence, however, I once again attaching it to this Motion. Claimant's medical restriction from 7-22-10 until 10-16-2014, were: restriction from assignment requiring strenuous physical activity, in excess of 8 hours per day -- Respondent claims I did not have this restriction prior to 2014, when it is plainly stated in attached grievance #EA 14-01791 that I have had that restrictions since 7-22-10, along with a restriction from prolonged standing, and additional restrictions,

Respondent knew that with my 7-22-10 medical restrictions that I should not be assigned to kitchen Cleanup, as is ordered by Warden Burt's response in attached grievance, EA 13-00046.

Respondent's used false information in order to deceive the Claims Commission into believing I had no medical restrictions prior to October 2014. Additionally, between 7-24-15 and 10-29-15, several documents were removed from claimant's medical file.

Therefore, Claimant prays that the Committee reverse their decision, penalize Respondent's for providing false information, and all other relief.

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center EARV

Name Rick Logan

GRIEVANCE/RECEIVED

C# 86813 Brks # 20/23 Job Assignment Kitchen

FOR OFFICE USE ONLY	
GRV. #	<u>EA-14-01791</u>
Date Received:	<u>10/14/2014</u>
GRV. Code #:	<u>600</u>

2014 OCT 14 5:12

(Date) STEP ONE: Informal Resolution EAST AR REGIONAL UNIT

10-13-14 (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 am being made to work in excess of my physical ability, classification cleared me to work but to ignore

5-08-14 (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: I am at a substantial risk of physical harm, and have already been harmed physically.

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): The medical staff in classification have approved me to be assigned to kitchen cleanup.

In June, July, and August, due to working in incandnans that were beyond my physical capabilities, I was forced to seek, and pay for, medical attention for physical problems caused, or aggravated by my work duties.

I have not had a physical, or been evaluated on my physical capabilities for over 10 years. I have a deteriorating condition that only worsens as I get older.

Due to the medical staff's failure to properly evaluate my medical condition, interpret my medical restrictions, and/or prevent me from being subject to work duties that cause me physical harm that are being deliberately indifferent to my serious medical needs.

Rick Logan

10-08-14

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 10-8-14 (date), and determined to be Step One and/or an Emergency Grievance

No (Yes or No). This form was forwarded to medical or mental health? yes (Yes or No). If yes, name of the person in that department receiving this form:

Sgt. J. Davis 5823 Sgt. J. Davis 10/8/14

PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: for Davis you had a physical

done. I believe you Dr. Campbell, per which based on age you

are to have a health examination every 3 years. Will place you

on the murder list.

Staff Signature & Date Returned Rick Logan 10-13-14 Inmate Signature & Date Received WED-DEPUTY DIRECTOR

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

IGTT420
3GH

BK 20-23

Date Mailed

11-10-14

Attachment IV

INMATE NAME: Logan, RickADC #: 086813AGRIEVANCE #: EA-14-01791

HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

(609) Your 10/8/14 grievance has been received and reviewed as well as your medical record to determine if you were incorrectly assessed a medical co-pay fee.

You state that you were assigned to kitchen clean up due to medical staff's failure to properly evaluate your medical condition.

On 10/16/14, you received a physical examination. You were given restrictions as follows: restrict from assignment requiring strenuous physical activity in excess of 0 hours per day, allow 10 minute break after each hour, and limited duty on feet. You were reassigned on 10/20/14 to building utility. You previous restrictions were as follows (7/22/10): restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing, restrict assignment requiring strenuous physical activity for periods in excess of 0 hours, restrict assignment requiring handling, lifting of heavy materials in excess of 20 lbs or requiring overhead work for a period in excess of 1 hours, and restrict assignment requiring exposure to high environmental temperature for a period in excess of 1 hours. Your restrictions from 7/22/10 were terminated upon your recent physical examination.

Due to medical restrictions being set it is the job of security to follow those restrictions and assign you to the appropriate duty. You were reassessed for medical restrictions by the medical provider and your job assignment was changed. Your grievance is without merit.



 RECEIVED-DEPUTY DIRECTOR
 ARKANSAS DEPARTMENT
 OF CORRECTION

NOV 21 2014

 Signature of Health Services
 Administrator/Mental Health Supervisor or
 Designee

Lic practical Nurse

11/10/2014

HEALTH & CORRECTIONAL PROGRAMS

Title

Date

INMATE'S APPEAL

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?

The medical department and the Unit Classification Committee were aware that by policy my medical restrictions should be updated every three years by physical examination, yet even though I think... was not up-to-date by policy,

INMATE NAME: Logan, Rick

ADC #: 086813

GRIEVANCE#:EA-14-01791

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

On October 8, 2014, you grieved that you are being forced to perform job duties that are beyond your physical capabilities due to your physical not being updated. You state you have not had a physical in over ten years. You state you have a deteriorating condition that is worsening as you get older. You state you were forced to seek and pay for medical attention in June, July, and August. You state the medical department's failure to properly evaluate your medical condition is showing deliberate indifference to your serious medical needs.

The medical department responded, "On 10/16/14, you received a physical examination. You were given restrictions as follows: restrict from assignment requiring strenuous physical activity in excess of 0 hours per day, allow 10 minute break after each hour, and limited duty on feet. You were reassigned on 10/20/14 to building utility. Your previous restrictions were as follows (7/22/10): restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing, restrict assignment requiring strenuous physical activity for periods in excess of 0 hours, restrict assignment requiring handling, lifting of heavy materials in excess of 20 lbs or requiring overhead work for a period in excess of 1 hours, and restrict assignment requiring exposure to high environmental temperature for a period in excess of 1 hours. Your restrictions from 7/22/10 were terminated upon your recent physical examination. Due to medical restrictions being set it is the job of security to follow those restrictions and assign you to the appropriate duty. You were reassessed for medical restrictions by the medical provider and your job assignment was changed. Your grievance is without merit."

Your appeal states the medical department and the classification committee was aware that by policy, your medical restrictions should have been updated every three years, yet you were still assigned a job. You state that once policy was followed, it was determined that you were being worked beyond your medical capabilities. You state your work supervisor forced you to perform job duties beyond your medical capabilities by threatening you with disciplinary actions. You state you had repeated physical injuries due to this.

As per policy, for your age, you are to be evaluated for a physical every three years.

According to your electronic medical record, prior to your informal grievance dated October 8, 2014, your last physical examination was July 22, 2010. You did not receive a new physical until October 16, 2014, which is outside the three year time frame allotted for your age.

Due to the medical department's failure to provide you with a physical within the allotted time frame, this appeal is with merit.



Director

Date

1/2/15

UNIT LEVEL GRIEVANCE FORM (Attachment D)

GRIEVANCE/RECEIVED

Unit/Center EARU

JAN 7 2013

Name RICK LOGAN

EAST AR REGIONAL UNIT

ADC# 86813 Brks # 9 Job Assignment B/U

FOR OFFICE USE ONLY

GRV. # EA-13-00046

Date Received: 1-7-13

GRV. Code #: 202

01-05-13 (Date) STEP ONE: Informal Resolution

01-16-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: This is about more than a job, this is about placing an inmate, me, at risk knowingly, and it's long term

(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): On 01-03-13, I was seen by the Unit Classification Committee to be reviewed for a job assignment. Mr. Ball had my medical restrictions read out, and I asked him if I could be returned to kitchen cleanup, my previous job assignment. Mr. Ball, and the committee determined that because of my medical restrictions I could not be assigned to kitchen cleanup. I September of 2011, Mr. Ball and the Classification Committee, and again in February 2012, Mr. Ball, and the Classification Committee, assigned me to kitchen cleanup. During my time working in the kitchen I lifted items that were up to 100 pounds by direct orders of my supervisor, and after Captain Dawson assigned me to the back dock, I processed and cut up raw vegetables, I pushed carts, cleaned trays, cleaned walls, counters, and floors, cleaned carts with sharp edges, was burned by bleach that was not properly diluted by the supervisor, and a host of other duties that were done under assignment and direct order of the supervisor. My medical restrictions were the same when they assigned me to the kitchen cleanup as they are now that they say I am medically excluded from this job.

Rick Logan

01-05-13

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 1-5-13 (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:

Sgt. Foreman Sgt. Foreman
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date
Describe action taken to resolve complaint, including dates: Job assignments are what Nor
procedures, which is policy for inmates grievance

RECEIVED

Sgt. Foreman 1-6-13 Rick Logan 1-16-13
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: INMATE GRIEVANCE SUPERVISOR

Date:

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

If forwarded, provide name of person receiving this form:

Date:

43

DISTRIBUTION: YELLOW & PINK - Inmate Receipts BLUE - Grievance Officer ORIGINAL -

IGTT410
3GS

BK09/0282
Attachment III

INMATE NAME: Logan, Rick

ADC #: 086813A

GRIEVANCE #: EA-13-00046

WARDEN/CENTER SUPERVISOR'S DECISION

Inmate Logan, you grieve the need to be assigned to Kitchen Cleanup Crew. Your complaint is noted. On 7/3/2012, the Classification Committee approved your assignment to Building Utility due to your health restrictions. This should resolve your complaint.

[Signature Box]

Signature of Warden/Supervisor or Designee

[Signature]
Title

2/1/2013
Date

INMATE'S APPEAL

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?

~~This grievance is not about me~~
~~Anger to this grievance is not about me needing to be assigned to kitchen cleanup~~
ew. This grievance is about me being assigned to kitchen cleanup, and being
2 to perform work duties in violation of my medical restrictions, from
ptember of 2011 to July of 2013. I worked the back dock, per Captain Dawson,
I was forced to lift up to 100 lbs., I pushed heavy carts full of trays and
ood, I cleaned carts with sharp edges, I was exposed to and burned by
hemicals, I processed and cut up raw vegetables. Also, on 7-3-12, I was
signed to BU because I got reduced to class III, not because of my medical
stitutions. Mr. Bunt purposely did not address the violations, and is not
olding anyone accountable for assigning me a job, and working me in violation
of my medical restrictions.

Rick Logan
Inmate Signature

86813
ADC#

02-04-13
Date

WHEN IS SOMEONE GOING TO BE
HELD ACCOUNTABLE FOR VIOLATING
POLICY AT THIS UNIT! RECEIVED

FEB 13 2013

(This is not a part of the grievance appeal)
(It is merely supplementary language for)

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

44

IGTT430
3GD

Attachment VI

INMATE NAME: Logan, Rick

ADC #: 086813

GRIEVANCE#:EA-13-00046

I have received your formal grievance dated 01/06/13 in reference to being assigned to the Kitchen for your current job assignment.

After reviewing all supporting documentation, it was determined that the Classification Committee assigned you to Building Utility on 07/03/12 in accordance with your medical restriction. Your current job assignment does not violate your medical restriction so there this matter is non-grievable.

Therefore, I concur with the Warden's response of no merit.
Appeal-denied.

17 M7

Director

Date

3.12.13

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 2500.00

Claim No. 15-0616-CC

Rick Logan, #086813

Attorneys Pro se

Claimant

Claimant

vs.

Department of Corrections

Lisa Wilkins, Attorney

Respondent

Respondent

State of Arkansas

March 16, 2015

Failure to Follow Procedure, Pain

Date Filed

Type of Claim

And Suffering

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's October 14, 2015, order remains in effect.

IT IS SO ORDERED.

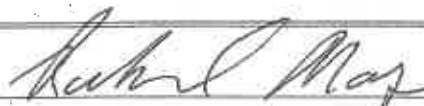


(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that would change the prior decision of the Claims Commission. Therefore, the Commission's October 14, 2015, order remains in effect.

Date of Hearing November 12, 2015

Date of Disposition November 12, 2015


Chairman

Commissioner

Commissioner

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

RICK LOGAN, #86813

v.

NO. 15-0616-CC

CLAIMANT

ARKANSAS DEPARTMENT OF CORRECTION

RESPONDENT

NOTICE OF APPEAL

Comes now the Claimant, Rick Logan, pursuant to A.C.A. § 19-10-211, files a Notice of Appeal of the decision of the Arkansas State Claims Commission to the General Assembly in the above styled case.

Wherefore Claimant asks for any, and all, relief deemed appropriate.

Rick Logan

12-13-15

Arkansas Claims Commission

DEC 16 2015

RECEIVED

Certificate of Service

I certify that a copy of the above pleading has been served this 14th day of December, 2015, on the below Respondent by placing a copy of same in the U.S. Mail regular postage to:

Lisa Mills Wilkins

Attorney Supervisor

P.O. Box 8707

Pine Bluff, AR 71611

Rick Logan/Claimant