

Please Read Instructions on Reverse Side of Yellow copy

Please print in ink or type

Arkansas State Claims Commission
JUL 25 2014

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BEFORE THE STATE CLAIMS COMMISSION
Of the State of Arkansas

- Mr.
- Mrs.
- Ms.
- Miss

Charles Winston, #084733, Claimant

vs.

State of Arkansas, Respondent

Do Not Write in These Spaces		
Claim No.	15-0060-CC	
Date Filed	July 25, 2014	
	(Month)	(Day) (Year)
Amount of Claim \$	15,000.00	
Fund	DOC	

COMPLAINT

Failure to Follow Procedure,
Personal Injury, Pain &
Suffering
POB 600, Grady, AR 71644

Charles Winston, #084733, the above named Claimant, of
(Name)
AR, 71644-0100, County of Lincoln, represented by Pro se
(State) (Zip Code) (Daytime Phone No.) (City)
(Legal Counsel, if any, for Claim)

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

State agency involved: ADC, Varner Unit Amount sought: \$15,000

Month, day, year and place of incident or service: June 15, 2013, June 15, 2013

Explanation: Because the security officers don't obey the policies regarding the lights, the inmates have developed an expectancy for the lights to be off when policy dictate they be on. And they get violent when I ask C.O. to follow policy. I was assaulted on June 15, 2013 because the policy regarding the lights were not being followed by C.O. Deborah Andrews. Exhibit A and B relates the account of the assault.

A disciplinary was written on me about the incident. Exhibit-C. Because my story was true and policy was violated regarding the lights my conviction was reversed by disciplinary Hearing Administrator, Raymond Naylor Exhibit-D. In response to my grievance C.O. D. Andrews submitted a typed statement admitted to having the lights off in violation of policy. Exhibit-E

I was brutally assaulted because I asked Andrews to do something that should have already been done. Exhibit-F1 is a picture taken approximately 20 minutes after the assault, Exhibit-F2 is a picture taken the next day. I will be scared for life and believe I'm suffering from short time memory lost.

Wardens Matson and Jackson said: "Holiday and weekend lights will be turned on at 6:00 AM and remain on until 10:30 PM" Quoting from Varner Unit Barracks and Hallway Rules Exhibits G and H page 2 at 16. According to ABA Criminal

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? _____; to whom? _____
(Yes or No) (Month) (Day) (Year) (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 believes that they are true.

Charles A. Winston
(Print Claimant/Representative Name)

C.A. Winston
(Signature of Claimant/Representative)

SWORN TO and subscribed before me at

(SEAL)

Edward Lane
Notary Public
State of Arkansas
Lincoln County

on this 2nd day of June, 2014
(Date) (City) (State) (Month) (Year)

Edward Lane
(Notary Public)

Commission # 12362690
Commission Expires July 20, 2017

My Commission Expires: July 20, 2017
(Month) (Day) (Year)

Justice Standards on the Treatment of Prisoners
page 13, Standard 23-3.3 Housing areas (b) . . . a
Correctional authorities should provide each prisoner
at a minimum, . . . a source of natural light and light
sufficient to permit reading. Exhibit I pg. 2 at (b)

This minimum source of light was not provided
thus violating ABA standards and ADC policy.

I have exhausted my administrative remedy by
utilizing the disciplinary appeal and as reflected by
Exhibit-D. I also grieved the matter as reflected
by Exhibit-J.

For the reasons stated above I pray the Claims
Commission will grant me the relief sought of
\$15,000.

Respectfully Submitted
C.A. Winston

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CERTIFICATE OF SERVICE

I certify that the foregoing has been served this 4 day
of June 2014, to the Claims Commission and the Respondent
by placing a copy in the regular U.S. Mail postage to:

Lisa Mills Wilkins

C.A. Winston

C.A. Winston

STATE OF ARKANSAS)
)§
COUNTY OF Lincoln)

Exhibit - A

DECLARATION

I, C.A. Winston hereby declare:

That on 6-15-13 approximately 10 minutes before deputy warden Curtis Meinzer came to the barrack (17) to sign the log, the only lights on in the living area was the row of lights over my bed.

When CO II Andrews received a call that Meinzer was coming through she cut on all the lights in the living area and the dayroom to. When he went back up front someone asked "her" to cut some of the lights off in the living area. It was approximately 12:30 PM and she did cut some of them off.

I had just finish taking a "crap" and was washing my hands when fellow inmate Timothy Boyd asked CO II Andrews: to cut another row of lights off and she did. I then knocked on the window and asked her to please cut the lights back on over my rack and she did.

As I was on my way back to my rack Boyd said I ought to go to the law library. I said I can't go to the law library, you ought to appreciate the fact that I don't ask for the lights to be cut on over my rack until we come from lunch, he then said I ought to hit you in the face. I said do what you want and went to my rack and sit down, he then got up out of bed put his shoes on while saying I'm not going to play with you like these other guys and came over to my rack and hit me two times in the face knocking me to the floor and Pursuant to 28 U.S.C. §1746, I declare under the penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

he hit me two or three more times while I was on my knees, head to the floor
6-16-13
Executed on C.A. Winston
Affiant

84733
ADC#

NOTE: I have been brutally assaulted and I want criminal charges brought!

Dbs 20-08

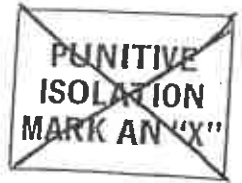
F-83 Winston, Charles #084733 Date Rec'd 06272013

Arkansas Department of Correction Exhibit-B 1 of 3

Max

Unit

MAJOR DISCIPLINARY APPEAL FORM



Inmate Charles A. Winston

ADC # 84733 Date 6-20-13

Concerning Disciplinary Given on (date) 6-15-13 by (officer) Deborah Andrews

APPEAL TO WARDEN: (to be completed by inmate)

State reasons why conviction or punishment should be reversed or modified: On the morning of 6-15-13 from 6:00 AM to 11:30 AM there was not any lights on in the living area until 11:30 AM. At 11:30 the lights were cut on over my rack. They were the only lights in the living area. Then when CO II Andrews got a call that deputy warden Meinzer was on his way to sign the log she cut all the other lights on. When Meinzer left the new building an inmate asked her to cut some of the lights off in the living area and she did. It was approximately 12:45 PM. I had just finished

Inmate's Signature: C.A. Winston

RESPONSE FROM WARDEN: (due within ten (10) calendar days of receipt of appeal if punitive)

Affirm: Reverse: Modify:

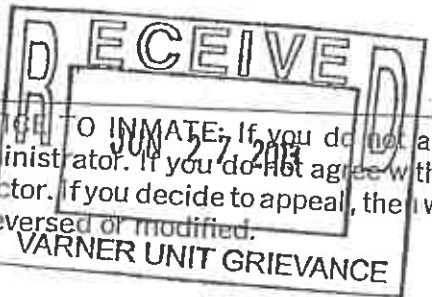
Reasons Action Taken:

I have received your disciplinary appeal on 06/27/2013 for your disciplinary dated 06/15/2013, issued by Off D. Andrews at 12:56 PM for the charges of 12-1 Failure to Obey Order of Staff; 17-1 any felony act or misdemeanor; 05-7 assault-attempt or threat upon staff; 05-3 assault; 04-8 battery-use of force on an inmate

This appeal should be AFFIRMED due to the fact that you have not submitted any new evidence and Staff's report is accepted.

I FIND NO REASON TO MODIFY OR REVERSE THE PUNISHMENT. IF YOU DISAGREE WITH MY DECISION, YOU MAY APPEAL TO MR. RAYMOND NAYLOR, HEARING OFFICER ADMINISTRATOR, AT CENTRAL OFFICE.

Sc: 06/15/2013 12:56 PM



Signature: [Signature] Date: 6-28-13

IF YOU DO NOT AGREE WITH THE WARDEN'S RESPONSE, YOU MAY APPEAL IT TO THE HEARING OFFICER ADMINISTRATOR. IF YOU DO NOT AGREE WITH THE HEARING OFFICER ADMINISTRATOR'S RESPONSE, THEN YOU MAY APPEAL IT TO THE WARDEN. IF YOU DECIDE TO APPEAL, YOU MUST WRITE A LETTER REPEATING YOUR REASONS WHY YOUR CONVICTION OR PUNISHMENT SHOULD BE REVERSED OR MODIFIED.

using the restroom when Timothy Boyd #136098 came into the restroom and asked Andrews to cut another row of lights off in the diving area. She did, she cut the lights off over my rack where I was going back to study.

I then asked her to cut the lights back on and she did. As I was walking back to my rack, Boyd said in anger you ought to go to the law library. I said I can't go to the law library you guys ought to appreciate the fact that I don't request the lights to be turned on over my rack until after we come from lunch on the weekends.

He (Boyd) then said I ought to hit you in the face, I then said you can do anything you want to. I then went to my rack and sit back in the shower chair I was using. Boyd said I ain't going to play with you like these other guys and got up out the bed put his shoes on and came to my rack.

I was just sitting there silent when he hit me two times over my right eye. The second blow knocked me to the floor. Each blow left a cut and I was bleeding profusely. (Review the two pictures) I hit the floor on my knees with

my head on my arms and my arms on the floor.

Boyd then came up behind me and hit me in the mouth on the left side and in the back of my head.

I could hear several inmates calling Boyds name telling him to leave me alone. Boyd left and I got up my face (eye) and lip and nose was bleeding profusely.

I then picked up my face towel to walk toward the control booth to report the assault when Sgt. Madden meet me in the center of the first living area.

At no time did I argue or get loud. I made no threats, I threw no blows nor did I attempt to or desire to.

Boyd told Sgt. Madden exactly what happend. This document againt me is a complete fabrication. I did not violate 04-8, use physical force against Boyd. He will even tell you that I did not violate 05-3, I didn't assault, attempt to assault or threaten Boyd. He will tell you I didn't.

CO II Andrews lied when she stated in her disciplinary "that it was a fight..." It was not a fight, but an assault, which she learned from her on investigation.

510

If the C.S.O. determines that the violation(s) described on this document are felonious; he/she must hand carry this document to the Unit Warden who must immediately notify the Director.

Inmate: Winston, Charles Allen

ADC#: 084733D

Assignment: AM/PM:Admin Segregation

Exhibit-C
Title: Corporal

Class: III is being charged by Andrews, Deborah
with code violation(s):

- 04-8 Battery--Use of physical force on the person(s) of another inmate.
- 05-3 Assault any willful attempt OR threats(s) to inflict injury upon the person of another
- 05-7 Assault - Any willful attempt or threat(s) to inflict injury upon staff may result in the loss of all good time.
- 12-1 Failure to obey verbal and/OR written orders of staff
- 17-1 Any act OR acts defined as felonies OR misdemeanor by the state of Arkansas; may result in the loss of all good time.

Date & Time: 06/15/2013 12:56 PM

Notice of Charges:

On June 15, 2013 @ approx:12:56pm, CO II.D. Andrews was working (15-18) Barracks, Zone (3) as she was conducting a visual security check, she notice Inmate T. Boyd #136098 standing over Inmate C. Winston #084733 hitting him with a closed fist, while other inmates gathered around them in (17) Barracks. CO II.A. Andrews called for assistance by radio, to inform Master Control of the incident, that it was a fight in (17) Barracks. Lt. Williams, Sgt. Madden, Sgt. Jones, K-9 Sgt's, and all other available Officers responded to the incident. Both inmates was placed in handcuffs, property was packed, pictures was taken, witness statements was taken, and escorted to the infirmary for pre-lockup. Both inmates was escorted to Isolation-1 for reassignment. Therefore Inmate C. Winston #084733 is being charge with rule violations 4-8, 5-3, 5-7, 12-1, 17-1 pending DCR.

(I affirm that the information in this report is true to the best of my knowledge)

Signature of Charging Officer

NOTIFICATION:

Officer

Date & Time Notified

1040 Am 6/18/2013

Witness Statements:

No

If yes, list:

J. Harst
R. Johnson
Kennedy
J. Richard
Tillis

Inmate's Signature

C.S.O. Review:

Outcome: Refer to Hearing Officer/Comm.

By: Bealer, Barry M

Date 06/17/2013

Extension:

No

Yes

Has extension form been completed?

Presentation by Counsel - Substitute is required when it is determined that the inmate is illiterate or incompetent or that the issues are extraordinarily complex.

Counsel-Substitute: Assigned (Name)

Not Assigned

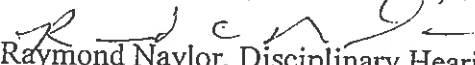


Arkansas Department of Correction

Internal
Affairs
Division
P.O. Box 8707
Pine Bluff, Arkansas 71611-8707
Phone: (870) 267-6218
Fax: (870) 267-6226

Exhibit-D

MEMORANDUM

TO: Inmate C. Winston, ADC #84733, Varner Unit
FROM: 
Raymond Naylor, Disciplinary Hearing Administrator
RE: Major Disciplinary Appeal
DATE: August 9, 2013

Please be advised I am in receipt of your disciplinary appeal, regarding the major disciplinary you received on 06/15/13, at 12:56 p.m., by D. Andrews.

After a thorough review of all the documents pertaining to this matter, I find that I must reverse the decision of the major disciplinary hearing officer.

RN(jm)

cc: Warden
Inmate File

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Exhibit - E

COII Andrews advised on 06.15.13 she was working 15-18 barracks, she had some lights turned off in 17 bks. Inmate Boyd asked her if she could turn some of the lights off in barracks. Then you asked if she could turn the lights on over your rack. She turned the lights on over your rack so you would be able to read. It was cleared through the Warden that the lights can be dim in the barracks as long as they can see inside. She never meant for anyone to get hurt in the situation she was only doing what was told and it's in black and white.

Exhibit-F1

Charles Winston #84733 6/15/13 2013-JL



NOTE: A color photo of these pictures are
are on record at the Commission.

Exhibit-F2

Charles Winston #084733 6/16/13 2013



D/220-08

IGTT410
3GS

Attachment III

Exhibit-G

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-14-00022


WARDEN/CENTER SUPERVISOR'S DECISION


In response to your grievance: Inmate Winston, you state, "I have asked CO II Kayla Jiles twice after lunch to turn the lights on in the living area to no avail. The date is 1/4/13 and the time was 10:35 am. When I asked her the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chest and a third one looking on. The second table was being used as a "Pickett" and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA criminal justice standard; barracks rules #18 lights will be turned on at 4:30 am and remain on until 10:30 pm everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON ATN ALL TIMES. ABA states, "Correctional authorities should provide each prisoner...a source of natural light & light sufficient to permit reading. hes guideline are no being followed I'm suffering great mental & emotional stress."

The issue of the lights being turned on and off has been addressed with staff. According to the VU Barracks and Hallway Rules: During Non-tropical hours barracks Lights will be turned on at 6:00A.M. and remain on until 10:30 P.M. every day. During tropical hours / Summer lights will be turned on at 4:30 A.M. every day and remain on until 10:30 P.M. Excluding Holidays and weekends. Holiday and weekend schedule lights will be turned on at 6:00 A.M. and remain on until 10:30 P.M.

Therefore, I find this issue resolved.


Signature of Warden/Supervisor or Designee


Title

2-4-14
Date

INMATE'S APPEAL NOTE: I recieved this response on 2-10-14 from COII Starks.

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?

-12*

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12

BARRACKS & HALLWAY RULES

The following is a list of Barrack and hallway Rules that have been established in accordance with Accreditation Standards. These are necessary for your protection in the areas of safety, sanitation, and fire prevention. Violation of any of the following rule(s) will be handles in accordance with Major/Minor Disciplinary Court procedures.

1. Beds must be neatly made and kept in an orderly manner (Military Style). All Beds will be made by 7:00 A.M. and remain made until 4:30 P.M. Monday through Friday. Inmates are not allowed to be under their blankets during these hours. (Exceptions will be made for night workers.) One (1) laundry bag will be allowed to hang at the head of the rack (tied off the floor.) ONLY The Classification officer makes all bed assignments. Inmates must be on their assigned beds when count is called. All inmates must be counted on their assigned beds. Only state and/or medically issued pillows are allowed in the barracks.
2. Each Inmate is responsible for keeping his assigned living area clean. Nothing is to be posted to any wall in their assigned living area. (NO EXCEPTIONS)
3. All personal property must be stored in the Inmate's Bed Box or designated area. The only items allowed under the Inmate's bed should be shoes. NO OTHER property or items are to be under the Inmate's bed for any reason; coats may be folded neatly and laid across the foot of the bed.
4. NO towels, underwear, or clothing of any kind will be permitted to hang on, near, or from Inmates' bed. NO clotheslines will be permitted. Inmate will have no more than three (3) sets of clothes in his possession.
5. When an Inmate leaves the Barracks for any reason, he will be neat in appearance and fully clothed.
 - A. All Buttons will be buttoned.
 - B. Shirtsleeves will be rolled down.
 - C. Pants will be pulled up and properly fastened with shirts tucked in at all times.
 - D. Belts are NOT to be worn at anytime.
 - E. Combs will not be worn in hair at anytime.
 - F. Cap WILL NOT be worn in the building, EXCEPT – Construction/Maintenance workers on assignment and Under Supervisor Escort.
 - G. Inmate identification badge is to be worn around Inmates' neck on a state issued chain.
 - H. Inmates are not to be bare-chested anywhere but in the bed area of the Barrack.
 - I. "T"-shirts may be worn beneath shirts. "T"-shirts exhibiting any gang paraphernalia or any other design disfigurement will not be allowed.
 - J. No Items will hang outside pockets (i.e. do rags, strings, keys, etc.)
6. All Inmates are to be FULLY clothed while in the Dayroom. Headgear of any type will NOT be worn in the Dayroom; it may be worn on the bed area of the Barracks.
7. Name (not nickname or pet name) and ADC# is all that is allowed to be written or stenciled on any item of clothing. The commissary and/or intake will provide for the marking of all items of clothing and shoe.
8. Only State approved footwear is to be worn outside the barracks unless prior authorization for other footwear has been obtained from the medical department.
 - A. Only state issued canvas or brogan shoes may be worn to visitation.
9. Inmates will not be allowed to walk the hallways with their hands in their pockets.
10. No articles will be allowed in the windows of barrack (i.e. cups, glasses, paper attachments, pictures, photos, radios, etc.)
11. No materials will be attached to the walls of the barracks (i.e. calendars, photos, pictures, drawings, etc), unless authorized by staff.
12. When count is called all Inmates must go to their assigned rack and remain there until count clears.
13. No inmate is allowed to change the channel or volume on the Television.

Exhibit-H2 of 2

14. There will be no saving seats in the dayroom area or chow hall for other inmates.
 - A. Inmates are not allowed to place their feet on benches or tables.
 - B. Benches in living areas are for Inmates' use.
 - C. Chairs are not allowed in the Barracks at any time.
 - D. Inmates are not to sit on tables, trash containers, staff podiums, bar rails, backs of benches, staircases, etc.
15. At NO time will inmates be allowed to stand between the yellow lines and the window of the barracks for any reason.(NO EXCEPTONS)
16. No spitting or rinsing out your mouth in the water fountains. NO SPITTING ON THE FLOORS.
17. No beating or banging on the windows or glass.
18. Lights will be turned on at 4:30A.M. and remain on until 10:30 P.M. every day. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON AT ALL TIMES.
19. Inmates are not allowed to bring any drinks or eating utensils out of the barracks or kitchen for any reason.
20. Food will not be brought out of the chow hall for any reason. All food is to be consumed in the chow hall.
21. NO COMMISARY ITEMS ARE TO BE BROUGHT OUT OF THE BARRACKS AT ANYTIME.
22. No loitering in the shower area. Inmates using the shower will have (10) minutes to shower and leave the areas.
23. No inmate is allowed to bring their radios out of the Barracks unless going to yard call. There are to be no radios taken on the job (for your protection due to obvious safety reasons.) Only radios approved by the Department of Corrections are authorized for use and should only be used with headphones-External speakers or copper wires used for antenna are not authorized and will be confiscated.
24. TV's will be turned off at Lights Out, which will be at 10:30P.M. Under normal conditions. On Friday, Saturday, and Holiday Eve nights the televisions and lights will be turned off after the late movie, or at the end of the first scheduled program after news. Special TV events that do not end by lights out may be viewed in their entirety as authorized by the Chief of Security.
25. There will be no visiting or socializing after lights out. All inmates are to be on their assigned bunk.
26. Barracks Porters and/Picket Men are the only inmates authorized for access to the Utility Closets and/or Picket rooms, and then only those to which they are assigned.
27. All empty containers are to be disposed of. One the product is consumed the container becomes contraband. Any item utilized for any use other than that originally intended, or altered from its original condition is considered contraband and makes Inmate subject to disciplinary action.
28. The telephones in the Barracks are a privilege. Inmates wishing to use a telephone must get in line and respect other inmates who are on may be using the telephone. Cutting in line and/or harassing anyone to hurry their call will not be permitted.
29. Paper sacks and cardboard containers are not allowed in the barracks. Paper sacks and plastic buckets are not to be used as trash containers.
30. Work Call
 - A. When you are called for work, you will bring all items needed for the day (i.e. glove, coat, safety glasses, etc.) and be fully clothed.
 - B. If you become ill or injured during work, you will report to your Supervisor and Security before returning to the barracks or before going to Medical Staff/Infirmary.
 - C. Only authorized Inmates will be allowed to enter Staff Dining.
 - D. No Inmate will be allowed to take magazines, newspapers, books, papers, etc. to their work site.
 - E. No Inmate will wear sleeveless shirts while at work.(T-shirts must have sleeves.)
31. Television viewing hours will be:
 - A. Monday through Thursday - 4:30 p.m. until 10:30p.m.
 - B. Friday hours - 4:30 until the end of the first movie.
 - C. Saturday hours - 10:00 a.m. until the end of the first movie.
 - D. Sunday hours - 10:00 a.m. until 10:30p.m.
 - E. Viewing of institutional Movie is Mandatory and will be shown at 7:00 p.m. on Fridays and Saturdays.
 - F. The Chief of Security or the Warden's designee may alter schedules.
 - G. TV news is mandatory from 5:30 p.m. until 6:30 p.m.
 - H. The TV closest to the control booth is the sports/ news TV (Majority of votes determines the sporting event to watch- wrestling and car racing are considered Sporting events.)
 - I. The sports TV can view a movie if there is no sporting event on, determined by the Majority vote.

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ABA Criminal Justice Standards on the Treatment of Prisoners
Approved by the ABA House of Delegates, February 2010

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(c) A correctional agency should be permitted to confine female prisoners in the same facility as male prisoners but should house female and male prisoners separately. Living conditions for a correctional agency's female prisoners should be essentially equal to those of the agency's male prisoners, as should security and programming. A facility that confines female prisoners should have on duty at all times adequate numbers of female staff to comply with Standard 23-7.10.

(d) Correctional authorities should house and manage prisoners with physical disabilities, including temporary disabilities, in a manner that provides for their safety and security. If necessary, housing should be designed for use by prisoners with disabilities; such housing should be in the most integrated setting appropriate for such prisoners. Correctional authorities should safely accommodate prisoners who are particularly vulnerable to heat-related illness or infectious disease, or are otherwise medically vulnerable.

Standard 23-3.3 Housing areas

(a) Correctional authorities should provide prisoners living quarters of adequate size. Single-occupancy cells should be the preferred form of prisoner housing. Facilities that must use dormitories or other multiple-prisoner living quarters should provide sufficient staffing, supervision, and personal space to ensure safety for prisoners and security for their belongings. All prisoner living quarters and personal hygiene areas should be designed to facilitate adequate and appropriate supervision of prisoners and to allow prisoners privacy consistent with their security classification.

(b) Correctional authorities should provide each prisoner, at a minimum, with a bed and mattress off the floor, a writing area and seating, an individual secure storage compartment sufficient in size to hold personal belongings and legal papers, a source of natural light, and light sufficient to permit reading.

(c) Correctional authorities should provide sufficient access to showers at an appropriate temperature to enable each prisoner to shower as frequently as necessary to maintain general hygiene.

Standard 23-3.4 Healthful food

(a) Correctional authorities should provide each prisoner an adequate amount of nutritious, healthful, and palatable food, including at least one hot meal daily. Food should be prepared, maintained, and served at the appropriate temperatures and under sanitary conditions.

(b) Correctional authorities should make appropriate accommodations for prisoners with special dietary needs for reasons of health or age.

17342

Yellow

COPY

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Vaenor Supermax Name C.A. Winston Exhibit- J-10f3

ADC# 84733 Brks# 510 Job Assignment PI

6-24-10 (Date) STEP ONE: Informal Resolution

6-29-10 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The problem solver Sgt Foot never returned with the response.

6-29-10 (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 punished because COTI

D. Andrews violated policy and procedure creating an environment conducive for violence

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 the Saturday morning of January 15 2013 from 6:00AM to approximately 11:30 AM all lights in the living area were out. At approximately 11:30 AM the light, the row of lights that run over my rack was cut on.

After COTI Deborah Andrews receives a call notifying her that deputy warden Meinzer was in route to sign the log she cuts all the lights on in the living area including them that was cut on in the day room.

When Meinzer left, the area inmate asked her to cut some of the lights out in the living area. She obliges it is now approximately 12:48 PM. Another inmate ask her to cut another row of lights out in the living area, again she obliges. This laxness in policy creates an environment which causes violence.

According to ARA Criminal Justice Standards on the Treatment of Prisoners, correctional authorities should provide each prisoners a source of natural light & light sufficient to permit reading. Lights will be turned on at 4:30 AM and remain on until 3:30 PM. Andrews violated this policy thus fostering my brutal assault.

C.A. Winston

mate Signature C.A. Winston Date 6-24-13

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 the person in that department receiving this form: _____ Date _____

NT STAFF NAME (PROBLEM SOLVER) Sgt Foot ID Number 54715 Staff Signature [Signature] Date Received 6/25/13

Describe action taken to resolve complaint, including dates: _____

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RECEIVED JUL 1 2013

State Claims Commission JUL 25 2014

If Signature & Date Returned _____ Date Received _____

If Who Received Step Two Grievance: _____ Date: _____

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

Br 20-08

IGTT410
3GS

Attachment III

Exhibit-J-2 of 3

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VSM13-02371

WARDEN/CENTER SUPERVISOR'S DECISION

in response to your grievance: Inmate Winston, you state, "On the Saturday morning of January 15, 2013 from 6:00 am to approximately 11:30 am all lights in the living area were out. At approximately 11:30 am the light, the row of lights that run over my rack was cut on.

After CO II Deborah Andrews received a call notifying he that deputy warden-Meinzer was in route to sign the log she cuts all the lights on in the living area including those that wasn't on in the dayroom.

When Meinzer leaves the area the inmate asked her to cut some of the lights out in the living area. She obliges it now approximately 12:40 pm. Another inmate ask her to cut another row of lights out in the living area, again she obliges. This lazness in policy creates intitlement causes violence.

According to ADC Criminal Justice Standard on the Treatment of Prisoners, correctional authorities should provide each prisoner a source of natural light & light sufficient to permit reading. Lights will be turned on at 4:30 am and remain on until 10:30 pm. Andrews violated this policy thus fostering my brutal assault."

Per AD: 12-16 this grievance should have been rejected as untimely. You initiated Step One (1) Informal Level on 06/24/2013 . You state in your complaint "On the Saturday morning of January 15, 2013..". Additionally January 15, 2013 was not a Saturday. The time frame from 01/15/2013 to 06/24/2013 exceeds the 15 day time limit. Additionally, you were assigned to the Varner Super Max when you wrote your Step One (1) and you are grieving about an officer assigned to the Varner Unit General Population.

Therefore, I find this issue without merit.

COPY

Signature of Warden/Supervisor or Designee

RECEIVED

DEC 04 2013

Title

INMATE GRIEVANCE SUPERVISOR

ADMINISTRATION BUILDING

11-19-13

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 was timely. I put January instead of June because the blows I recieved were so forceful until it affected my thinking (memory). Security and the medical personel swore it was done with a weapon. Never the less CO II Andrews as is the norm did not have the lights on according to policy. Just this past Saturday 11-16-13 CO II Dye kept the lights out in the "Living Area" all day long. You will be reading about it!

C.A. Winston

Inmate Signature

084733

ADC#

11-20-13

Date

COPY

IGTT430
3GD

COPY

Attachment VI

INMATE NAME: Winston, Charles A.

ADC #: 084733


Exhibit-J3 of 3

GRIEVANCE#: VSM13-02371

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

Inmate Winston the incident to which you refer occurred on January 15, 2013; however, your Step 1 grievance was not received until 6-24-13. You have violated the time limits for submitting complaints as outlined in the Inmate Grievance Procedure AD 12-16. This grievance is being administratively closed without a decision on its merits. In the future, submit your grievances in a timely manner.

Appeal denied


Director

1-3-2014
Date

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Arkansas
State Claims Commission
JUL 25 2014

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BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CHARLES WINSTON (ADC 084733)

CLAIMANT

V.

NO. 15-0060-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 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

AUG 04 2014

RECEIVED

CERTIFICATE OF SERVICE

I certify that a copy of this pleading has been served this 31 day of July, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

Charles Winston (ADC 084733)
Varner Super Max
PO Box 400
Grady, AR 71644-0400


LISA MILLS WILKINS Ark. Bar #87190

AUG 08 2014

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BEFORE THE ARKANSAS CLAIMS COMMISSION

STATE OF ARKANSAS

CHARLES WINSTON (ADC 084733)

CLAIMANT

VS

NO. 15-0060-CC

DEPARTMENT OF CORRECTION,
STATE OF ARKANSAS

RESPONDENT

RESPONSE TO ANSWER

COME now the Claimant, Charles A. Winston, and for his Response states and alleges as follows;

1. The Respondent, Arkansas Department of Correction is liable and the proof is in Claimant Claim and enclosed as Exhibit-A is proof that the practice of violating the policy is still rampant Unit wide seven months later on January 4, 2014.
2. Just look at the response of COII Kayla Jiles, and at 12:06 PM the lights were still off. and she had no intention of turning them on and refused to call a sergeant.
3. Warden Watson in his response to grievance VU-14-00.22 (Exhibit-A) acknowledged that COII Jiles was in violation of policy and addressed the issue with staff allegedly. I say allegedly because in barracks 15

through 22 the policy governing the lights are still not being followed as of today August 4, 2014.

3. This rampant disregard of policy has created an expectancy within many inmate for the lights to be off during hours when they should be on. And when a inmate request that they be turned on then some inmates get violent as was the case with the Claimant on June 15, 2013. Please see photos. Claimant was struck so hard until to this day he is still getting dates mixed up. The assault happen on the 15th not the 30th.

WHEREFORE, for the reasons cited above the Claimant pray that he be granted the relief sought because the case is open and shut and if the Respondent continue to add insult to injury by denying obvious liability, that the Claimant be granted an addition \$5,000.

Arkansas Claims Commission
AUG 08 2014

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Respectfully Submitted
C.A. Winston

CERTIFICATE OF SERVICE

I certify that a copy of the foregoing was placed in the regular U.S. mail on August, 8, 2017 to the following:

Arkansas State Claim Commission (ASCC)
Lisa Mills Wilkins

cc: File
LMW
ASCC

C.A. Winston
C.A. Winston

VIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner Exhibit-A 1092
Name C.A. Winston
DC# 074733 Brks # 20-09 Job Assignment BV

FOR OFFICE USE ONLY
GRV. # VU-131-0022
Date Received: 01-06-14
GRV. Code #: 508

~~4-14~~ (Date) STEP ONE: Informal Resolution
5-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The shift supervisors need to orientate CO I's CO II's & Sgt's, they don't know policy!

~~4-14~~ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to 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'm suffering eye strain, I can't read comfortably at my racks and I'm being put in the position to be assaulted again.

RIEFLY 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 have asked CO II Kayla Giles twice after lunch to turn the lights on in the living area to no avail.

The date is 1-4-13 and the time was 10:35 AM. When I asked her the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chess and a third one looking on. The second table was being used as a "pisskeft", and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA Criminal Justice Standards; Barracks rules # 19, Lights will be turned on at 4:30 AM and remain on until 10:30 PM everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON AT ALL TIMES. ABA states, "Correctional authorities should provide each prisoner... a source of natural light & light sufficient to permit reading. These guidelines are not being followed I'm suffering great mental & emotional distress." At 12:04 PM, 12:04 PM Giles refused to call a sgt to address my grievance.

C.A. Winston
Inmate Signature Date 1-4-14

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 1-4-14 (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

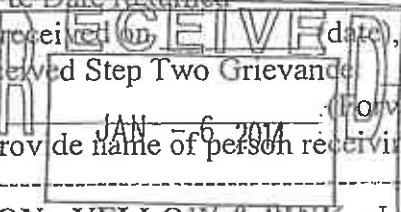
PRINT STAFF NAME (PROBLEM SOLVER) Sgt M. Owens ID Number 0020 Staff signature Sgt M. Owens Date Received 1-4-14

Describe action taken to resolve complain, including date: On 1-4-13 at approx 10:10 AM Inmate Winston asked me to turn the lights on. I told him that I was able to see in the barracks. To make sure that the inmates were secure, and that he would go in the dayroom to use the lights that were dimmed.

Staff Signature & Date Returned J.C.A. Winston 1-5-14 Inmate Signature & Date Received

This form was received on 1-4-14 (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: 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 Winston refuse to use the lights in the dayroom. The table under the line must remain open.

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-14-00022

WARDEN/CENTER SUPERVISOR'S DECISION


In response to your grievance: Inmate Winston, you state, "I have asked CO II Kayla Jiles twice after lunch to turn the lights on in the living area to no avail.


The date is 1/4/13 and the time was 10:35 am. When I asked her the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chest and a third one looking on. The second table was being used as a "Pickett" and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA criminal justice standard; barracks rules #18 lights will be turned on at 4:30 am and remain on until 10:30 pm everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON ATN ALL TIMES. ABA states, "Correctional authorities should provide each prisoner...a source of natural light & light sufficient to permit reading. hes guideline are no being followed I'm suffering great mental & emotional stress."

The issue of the lights being turned on and off has been addressed with staff. According to the VU Barracks and Hallway Rules: During Non-tropical hours barracks Lights will be turned on at 6:00A.M. and remain on until 10:30 P.M. every day. During tropical hours / Summer lights will be turned on at 4:30 A.M. every day and remain on until 10:30 P.M. Excluding Holidays and weekends. Holiday and weekend schedule lights will be turned on at 6:00 A.M. and remain on until 10:30 P.M.

Therefore, I find this issue resolved.


Signature of Warden/Supervisor or Designee


Title

2-4-14
Date

INMATE'S APPEAL NOTE: I recieved this response on 2-10-14 from COII Starks.

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?

Arkansas Claims Commission
AUG 08 2014
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AUG 08 2014

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BEFORE THE ARKANSAS CLAIMS COMMISSION

STATE OF ARKANSAS

CHARLES WINSTON (ADC 084733)

CLAIMANT

VS

NO. 15-0060-CC

DEPARTMENT OF CORRECTION,
STATE OF ARKANSAS

RESPONDENT

FIRST SET OF INTERROGATORIES TO THE RESPONDENT
AND FOR PRODUCTION OF DOCUMENTS

Pursuant to Rule 33 and 34, Fed. R. Civ. P. the Claimant submits the following interrogatories and request for documents to Respondent. You are directed to answer each of the interrogatories in writing under oath, and provide the Claimant with copies of each of the requested documents:

1. Is there a policy, rules or regulations governing the controls of the lights? If so please provide a copy of these documents.

2. Are the lights in barracks 15-22 always governed by ADC policy?

3. On June 15, 2014 at approximately 12:45 PM was the policy governing the lights being honored? Please see COII Debra Andrews typed response to grievance.

VSM13-02371, It is Exhibit-E in this claim, it will give you insight to answer this question.

4. Did Winston write a grievance about the lights not being on according to policy and it was addressed by Sgt. Foote dated 6-25-13. Please provide a copy of Sgt. Foote's response

Arkansas Claims Commission

AUG 08 2014

5. In regards to interrogatory #4 did Foote response state: see attachment? Provide copy.

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6. In regard to interrogatory #5, Is this attachment referring to COII Andrews typed statement given in response to Claimant grievance # VSM13-02371 as reflected by Exhibit-E of this claim.

7. In regards to interrogatory #5 Claimt requested a copy of the original response given by Sgt. Foote on the white original copy. In said interrogatory that he requested does Respondent know where it is located? The grievance can be found in the custody of Building major Kennie Bolden according to warden Watson in grievance # VU-14-00705 Exhibit-B Please provide a copy.

8. Did Ms. Andrews in her statement acknowledge that at 12:45 ~~PM~~ she had some of the lights turned off in the living area? See Exhibit-E of original claim.
9. Does Exhibit-E reflect that all an inmate has to do is ask for the lights to be turned off by an inmate and they will be turned off?
10. Doesn't Ms. Andrews acknowledge in her response that her actions played apart in Winston's assault? See Exhibit-E
11. Does grievance # VSM13-02371 in the body of the grievance have January 15, 2013 instead of June?
12. Did Claimant credit that mistake to the effect the brutal blows had upon him mental as well as physical.
13. In this claim on the original copy where it ask for the date, did Claimant (Winston) put the wrong date of the incident?
15. Did the two blows to Winston's eye leave him scared. Please do a visual check personally Ms. Wilkins

or through the infirmary for a correct response to this question.

16. Will Winston be scared around his eye for life.

Arkansas Claims Commission

AUG 08 2014

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17. Did Winston have to be prescribed medication for his headaches related to the assault,

18. Is the policy governing the lights being followed on the weekends?

Respectfully Submitted
C.A. Winston

CERTIFICATE OF SERVICE

I, C.A. Winston certify that the foregoing was placed in the regular US mail on August 8, 2014 to the following:

Arkansas State Claim Commission

Lisa Mills Wilkins

C.A. Winston

C.A. Winston

14

BEFORE THE ARKANSAS STATE CLAIMS COMMISSION

CHARLES WINSTON (ADC #084733)

Arkansas
State Claims Commission
CLAIMANT
AUG 08 2014

V. NO. 15-0060-CC

ARKANSAS DEPARTMENT OF CORRECTION

RECEIVED
RESPONDENT

RESPONDENT'S MOTION TO DISMISS

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

1. Claimant filed a claim for failure to follow policy, personal injury, and pain and suffering. He seeks damages of \$15,000.00. Claimant has failed to state a claim upon which relief can be granted under ARCP Rule 12(b)(6).
2. In essence, Claimant alleges because all of the lights were not turned on in the barracks he was attacked. However, Claimant has failed to show how the caused his attack. In fact in his DECLARATION (Exhibit A) he states that he had words with another inmate which led to the altercation.
3. Proximate cause is a natural and continuous sequence, unbroken by any efficient intervening cause which produces the injury and without which the result would not have occurred. Claimant has failed to show how ADC or its actions were the proximate cause of his injury and not the result of the exchange of heated words between he and another inmate.
4. A motion to dismiss is proper when there are no facts upon which relief can be granted. ARCP 12(B)(6). Claimant has shown no facts upon which he is entitled to relief and therefore this claim should be dismissed.

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

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 MOTION TO DISMISS has been served this 7 day of August, 2014, on the Claimant by placing a copy of the same in the U. S. Mail, regular postage to:

CHARLES WINSTON (ADC #084733)
VARNER UNIT
P. O. Box 600
Grady, AR 71644-0600

Lisa Mills Wilkins
LISA MILLS WILKINS Ark. Bar #87190

BEFORE THE ARKANSAS CLAIMS COMMISSION RECEIVED

STATE OF ARKANSAS

CHARLES WINSTON (ADC 084733)

CLAIMANT

VS

NO. 15-0060-CC

DEPARTMENT OF CORRECTION,
STATE OF ARKANSAS

RESPONDENT

RESPONSE TO RESPONDENT'S MOTION TO DISMISS

COMES NOW the Claimant Charles A. Winston, and for his Response, states and responds as follows:

1. Claimant filed a claim for failure to follow policy, personal injury and pain and suffering. He seeks damages of \$15,000.00. Claimant has stated a claim upon which relief can be granted under ARCR Rule 12(b)(6).
2. This Rule states (b) How Presented. Every defense in law or in fact, to a claim for relief in any pleading whether a claim or counter-claim, cross-claim or third party claim, shall be asserted in the responsive pleading hereto if one is required, except that the following defenses may, at the option of the pleader be made by motion: (1) ... (6) failure to state facts upon which relief can be granted, ...
3. Claimant have stated facts and presented documented evidence that on June 15, 2013 that the policy governing the lights were not being followed by ADC security officer COII Andrews. Claimant have sworn to the facts by Declaration and Miss

Andrews in her typed statement declared that: "...she had some lights turned off in 17 bks." And that: "Inmate Boyd asked her if she could turn some of the lights off in the barrack." (Living area) Then she admits Claimant asked her to turn the lights back on over his rack and she did making inmate Boyd fighting mad. Exhibits A and E of original complaint. (OC)

4. Claimant is alleging in fact that; 1) If the ADC would see to it that all correctional officers obeyed the policy governing the lights the assault wouldn't have took place 2) Because Claimant had to ask for the lights to be turned on and they were, this is what made Boyd mad, 3) CO 1 Andrews admitted to not following the policy governing the lights Exhibit-E, 4) The ADC and its actions were the proximate cause of the injury, Winston (Claimant) exchanged no heated words nor was he the aggressor, he was sitting in a chair at his rack when he was assaulted that is why the disciplinary on him was reversed by Disciplinary Hearing Administrator Raymond Naylor, please see Exhibit-D (OC)

5. As stated in the first paragraph of Claimant original

complaint: "Because the security officers don't obey the policies regarding the lights, the inmates have developed an expectancy (entitlement) for the lights to be off when policy dictate they be on, and they get violent when I ask the correctional officer to follow policy. A policy that is still not being followed as reflected by the six Exhibits of this Response, Exhibits A-F

6. And to this very day August 12, 2014 policy is still not being followed. The ADC is prompting another assault on the innocent. Exhibit-G

7. This motion to dismiss is improper because Winston has stated facts upon which relief can be granted thus making ARCP 12(B)(6) void.

WHEREFORE, for the reasons stated above and the evidence submitted the Claim should be granted.

Respectfully Submitted,
C.A. Winston

CERTIFICATE OF SERVICE

I, C.A. Winston, certify that the foregoing was placed in the regular U.S. mail to the Ark. State Claims Comm. and Lisa mills wilkins on August 15, 2014

C.A. Winston

C.A. Winston

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center: Varner

Name: C.A. Winston

Exhibit A 10f3

ADC# 084733 Brks # 20-08 Job Assignment BU

FOR OFFICE USE ONLY
GRV. # <u>VU13-923</u>
Date Received: <u>08-07-13</u>
GRV. Code #: <u>717</u>

7-30-13 (Date) STEP ONE: Informal Resolution

8-6-13 (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 grievance was re-
turned to me by Sgt. White today 8-6-13 and the response is a lie.

(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: The refusal of staff to correct these

policy violation has put and is putting me at a substantial risk of physical harm again
Is this Grievance concerning Medical or Mental Health Services? _____ 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): This grievance is about my condition

of confinement. Wardens: Randy Watson, Moses Jackson and Curtis
Meinzer as well as building security Major Kenny Bolen, Captain Barry M.
Bealer, Captain Malone, Captain Bradley, Lt. Bankston and ~~Sgt.~~ Sgt.
C Jones are all aware that Zone (3) barracks 15, 16, 17, 18 and barracks
19, 20, 21 & 22 all suffer from three (3) conditions: 1) a shortage of staff
usually one female security officer is responsible for supervising 4 barracks
consisting of approximately 200 inmate, 50 in each barracks, 2) security checks
are not done 99% of the times, and 3) The lighting is inappropriate be-
cause the officer don't follow policy regarding the lights especially
during the weekends, Saturdays and Sundays. The lights are off so
much on a regular basis until the inmates in each barracks consider
it the norm and get mad and violent when another inmate request that
policy is followed regarding the lights. All of the listed ADC officials know about
this problem but is doing nothing about it. I expect retaliation behind this
exposure.

C.A. Winston

7-30-13

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 7-31-13 (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:

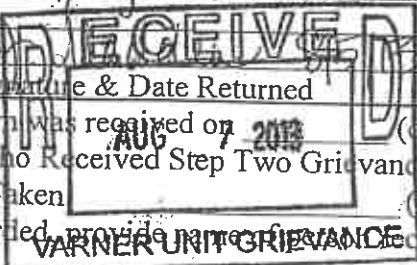
Sgt. J. Madden 43739 SA of Madd 7-31-13
PRINT STAFF NAME (PROBLRM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Everything has been done within
policy, security checks are being done, lighting is appropriate. No one is
retaliating against inmate C. Winston # 84733.

SA of Madd 8-6-13
Staff Signature & Date Returned Inmate Signature & Date Received RECEIVED

This form was received on 7-20-13 (date), pursuant to Step Two. Is it an Emergency? _____ (Yes or No).
Staff Who Received Step Two Grievance: _____ Date: NOV 19 2013

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.

Exhibit A 20f3

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-13-00923

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Winston, you state: "this grievance is about my condition of confinement. Warden Randy Watson, Moses Jackson, and Curtis Meinzer as well as building security Major Kenny Bolen, Captain Barry M. Bealer, Captain Maloone, Captain Bradley, Lt. Bankston and Sgt. C. Jones are all aware that zone (3) barracks 15, 16, 17 18 and barracks 19, 20, 21, & 22 all suffer from three (3) conditions; 1) a shortage of staff usually one female security officer is responsible for supervising 4 barracks consisting of approximately 200 inmates, 50 in each barracks. 2) Security checks are not done 99% of the times and 3) The lightening is inappropriate because the officer don't follow policy regarding the lights especially during the weekends, Saturdays and Sundays. the lights are off so it the norm and get mad and violent when another inmate request that policy is followed regarding the lights. All of the ADC officials know about this problem but is doing nothing about it. I expect retaliation behind this exposure."

In order to more thoroughly and completely investigate an inmate's allegations PER AD: 12-16 , the inmate should write a brief statement that is specific as to the substance of the issue or complaint to include the date, place, personnel involved or witnesses, and how the policy or incident affected the inmate submitting the form. This grievance should have been rejected due to the fact you have listed multiple and are only making vague allegations concerning the assignment of staff. If you have a specific incident, you should submit it for investigation. However, be advised that staffing issue are not done at the behest of an inmate nor will staff be assigned to positions based on their gender.

Therefore, I find this issue without merit.

Signature of Warden/Supervisor or Designee

Title

11-5-13

Date

INMATE'S APPEAL NOTE: I recieved this decision on 11-7-13.

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? My statement is concise and bief as I related the event that took place on 7-30-13 which is a habi-practice as reflected by the camera. One Correctional Officer (CO) is forced (required) to supervise 4 seperate barracks containing approximately 50 inmates each for a grand total of 200 inmates. And the CO the majority of the time is female. All the ADC staff named and other Jane and John Does are guilty of this practice. From 7-15-13 to 7-30-13 the camera will verify my story from there to 2 years earlier!

C. A. Winston

Inmate Signature

084733

ADC#

RECEIVED

11-12-13

Date

NOV 19 2013

INMATE NAME: Winston, Charles A.

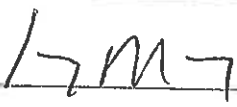
ADC #: 084733

GRIEVANCE#: VU-13-00923

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

You grieved on 8/6/13 that you have made Varner Unit's management staff aware of the problems that you have in zone 3 barracks, but they refuse to do anything about them.

After review of your appeal and supporting documentation, I find that you failed to follow policy by not stating a specific complaint for staff to properly address. This grievance should have been rejected at the unit level as frivolous. Therefore I will not address the merit of your appeal which is denied.



Director

Date

11-26-13

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name C. A. WINSTON

Exhibit-B1 of 3

FOR OFFICE USE ONLY	
GRV. #	<u>VU13-952</u>
Date Received:	<u>08-13-13</u>
GRV. Code #:	<u>800</u>

ADC# 84733 Brks # 20-08 Job Assignment BU

8-6-13 (Date) STEP ONE: Informal Resolution

8-10-13 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: As common Knowledge and the camera will reflect this statement Madden gave Jones is a lie.

8-6-13 (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 constantly being put at risk of assault due to a lack of adequate staff & their deliberate indifference.

Is this Grievance concerning Medical or Mental Health Services? 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 8-31-13 I submitted a grievance to Sgt. J. Madden about the unconstitutional condition of the barracks of section 3 of the Varner Unit barracks 15 through 22. Particularly: 1) shortage of staff 2) a lack of security checks 99% of the time and 3) the policy regarding the lights are not enforced especially on the weekends.

In Sgt. Madden's response she stated: "Everything has been done within policy, security checks are being done, lighting is appropriate..." This statement is a fabrication of a document and a violation of AR 225.

All you have to do to verify my allegations is to review the camera on 8-5-13 and 8-6-13. COIT worked on 19 through 22 and on 15 through 18 today 8-6-13 and you will see she never entered any barracks and today all day she has worked 4 barracks by herself just as the officer did today on 8-4-13. COIT Owens will verify she did no security checks and she worked by herself a 1/2 day on 8-5-13 & all day on 8-6-13 proving Sgt. Madden a liar and document falsifier. REVIEW THE CAMERA!

C. A. Winston Inmate Signature 8-6-13 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 8-16-13 (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. Owens Date 8/16/13

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. Owens ID Number 7268 Staff Signature [Signature] Date Received 8/16/13

Describe action taken to resolve complaint, including dates: Everything has been done within policy, security checks are being done & the lighting is appropriate.

Sgt. J. Madden Staff Signature & Date Received 8-10-13 C. A. Winston Inmate Signature & Date Received

This form was received on 8-13-13 (date), pursuant to Step Two. Is it an Emergency? (Yes or No).

Staff Who Received Step Two Grievance: [Signature] Date: AUG 13 2013

Action Taken: (Forwarded to Grievance Officer/Warden/Other) Date: OCT 22 2013

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

Bla 20-08

IGTT410
3GS

Attachment III

Exhibit-B2of3

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-13-00952

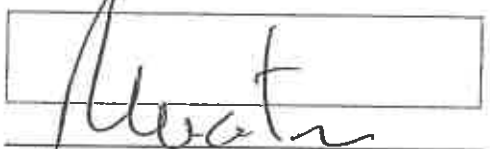
WARDEN/CENTER SUPERVISOR'S DECISION


In response to your grievance: Inmate Winston, you state in your complaint, "On 07-31-13 I submitted a grievance to Sgt. J. Madden about the unconstitutional condition of the barracks of section 3 of the Varner Unit barracks 15 through 22. Perticulary ; 1) shortage of staff 2) a lack of security checks 99% of the time and 3) the policy regarding the lights are not enforced especially on the weekend. In Sgt Madden's response she stated: "Everything has been done within policy, security checks are being done, lighting is appropriate...: This statement is a fabrication of a document and a violation of AR 225. all you have to do is verify my allegations is to review the camera on 8-5-13 and 8-6-13 COII worked on 19 through 22 barracks and today on 8-6-13. COII Owens will verify she did no security checks and she worked by herself a 1/2 day on 8-5-13 & all day on 8-6-13 proving Sgt. Madden a liar and document falsifier. REVIEW THE CAMERA!"

PER AD: 12-16 Inmate Grievance Procedure - c. A submission is vexatious when it merely agitates, provokes, harasses or irritates by petty provocation and is not designed to lead to any practical result, resolution, or appeal.

This grievance should have been rejected as vexatious due to you are simply stating in this grievance that Officer Madden lied on a Step One (1) Informal dated 07/30/2013 on her response that you have previously grieved and dated 08/06/2013 as a Step Two (2) Formal Grievance which is currently under investigation. Anything that may or may not have occurred after the date of 07/30/2013 would have no bearing on Sgt. Madden's response.

Therefore, I find this issue without merit.


Signature of Warden/Supervisor or Designee


Title

10-10-13
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? When a mans' life is in danger he must cry and cry for help until someone comes to his aid. I have made security and administrator aware of one female guard having to supervise 200 inmates in 4-different barracks, the lack of security checks, and the inadequate lights because security is scared to follow policy because they are scared because they are alone. Even this response by warden Watson shows his deliberate indifference to my safety & well being. Check

C. A. Winston
Inmate Signature

084733
ADC#

10-14-13
Date

RECEIVED

the camera!

OCT 22 2013

39

Exhibit-B3043

INMATE NAME: Winston, Charles A.

ADC #: 084733

GRIEVANCE#: VU-13-00952

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

You grieved on 8/10/13 that you submitted a grievance to Sgt. Madden regarding certain conditions in your barracks. You stated that Sgt. Madden's response to the informal grievance is a fabrication and a violation of policy. You called Sgt. Madden a liar and a document falsifier.

After review of your appeal and supporting documentation, I find that there is no evidence to support your allegations against Sgt. Madden falsifying any documentation. I find your appeal without merit.

Appeal denied.

LM7

Director

Date 10-31-13

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name C.A. Winston

Exhibit C 1 of 2

FOR OFFICE USE ONLY
GRV. # VU13-01366
Date Received: 11-27-13
GRV. Code #: 800

ADC# 084733 Brks # 20-08 Job Assignment BU

11-25-13 (Date) STEP ONE: Informal Resolution

11-26-13 (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. Simon statement verify my allegations but it was meant to down play my complaint. Policy was violated

11-26-13 (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: When all the lights are out in the living area a person can't read or study and it creates an atmosphere conducive for violence in the
Is this Grievance concerning Medical or Mental Health Services? 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 November 16, 2013 CO II Dye supervised barracks 19, 20, 21 and 22. The lights in the "living area" were not cut on none during her shift.

The lights were not cut on until Sgt. Simpson shift. I spoke with Sgt. Simpson about the matter and told her that the lights had been off all-day. I also discussed the matter with CO II B. Menshew and he cut the lights on at approximately 6:10 PM

This is the habitual practice of many ADC security officers (CO) to leave the lights off all weekend long. Sgt. Simpson and CO II Menshew can and will verify my story.

RECEIVED

NOV 27 2013

C.A. Winston
Inmate Signature

VARNER UNIT GRIEVANCE 11-25-13
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 11-25-13 (date), and determined to be **Step One** and/or an Emergency Grievance of the person in that department receiving this form: Sgt. Simpson (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. Simpson

Describe action taken to resolve complaint, including date: 20 Barracks has security lights to be visual at all times.
PRINT STAFF NAME (PROBLEM SOLVER) Sgt. Simpson ID Number 84664 Staff Signature [Signature] Date 11-25-13

Staff Signature & Date Returned C.A. Winston 11-25-13
This form was received on 11-25-13 (date), pursuant to **Step Two**. Is it an Emergency? (Yes or No). Staff Who Received Step Two Grievance: C.A. Winston

Action Taken: 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: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-13-01366

WARDEN/CENTER SUPERVISOR'S DECISION

In your response to your grievance: you state,

On November 16, 2013 COII Dye supervised barracks 19, 20, 21, and 22. The lights in the living area were not cut on none during her shift. The lights were not cut on until Sgt. Simpson shift. I spoke with Sgt. Simpson about the matter and told her that the lights had been off all day. I also discussed the matter with COII B. Menshew and he cut the lights on at approximate 6:10 pm This is the habitual practice of many ADC security officers (CO) to leave the lights off all weekend long. Sgt. Simpson and COII Menshew can and will verify my story.

According to staff there was enough light in the barracks coming from the dayroom lights, bathroom lights and the sunlight that security could be able to see and conduct security checks and rounds, inmates could still sit in the dayroom and do paperwork or read. However, when the next shift came in they cut the remaining lights on due to the time of day and the sun was going down.

Therefore I find this issue without merit.

[Redacted Signature Box]

Ward W. [Signature]
Signature of Warden/Supervisor or Designee

[Signature]
Title

12-12-13
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?

Inmate Signature

ADC#

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name C.A. Winston

Exhibit D of 2

FOR OFFICE USE ONLY
GRV. # <u>VU-13-01204</u>
Date Received: <u>10-25-13</u>
GRV. Code #: <u>500</u>

ADC# 84733 Brks # 10-08 Job Assignment BU

10-19-13 (Date) STEP ONE: Informal Resolution

10-25-13 (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. Simpson and all parties listed have displayed deliberate indifference to my needs; safety, prot

10-19-13 (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 life and my fellow inmate life as well as the single C.O. is in danger of physical harm or death daily.

Is this Grievance concerning Medical or Mental Health Services? Medical or mental 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 10-16-13 as is the norm CO

II Moore had to supervise four barracks all by himself. Each barrack has approximately 50 inmates each, in them. That is 200 inmates and four doors one male, but 90% of the time, a female officer has to supervise.

I have made Captains Bealer, Maloone & Bradley, Lt. Bankston, Sgts; Owens, Madden, Thompson, Major Bolen, Warden Watson, deputy warden Moses Jackson and of the Jane and John Does ADC staff aware of this problem but to no avail. Ray Hobbs is doing nothing to correct this danger.

The paper trail as well as a review of the camera will reveal that barracks 15 through 23 have been supervised by one ADC security officer for over a year 97% of the time on all shifts. A D C E D. And that ADC staff have manifested deliberate indifference to the need of adequate staff.

This staff shortage and failure for staff to obey policy regarding the lights have put me at a pervasive risk to be harmed again.

C.A. Winston

RECEIVED 10-19-13

Inmate Signature

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 _____ Date _____

C. Simpson 84733 C.A. Winston 10-19-13
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including date: NO response received

Sgt C. Spon 10-23-13
Staff Signature & Date Returned

C.A. Winston 10-23-13
Inmate Signature & Date Received 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: NOV 27 2013

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

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

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

43 VU Zone 3

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-13-01204

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your Grievance: you state,

On 10-16-13 as is the norm CO II Moore had to supervise four barracks all by himself. each barracks has approximate 50 inmates each in them. That is 200 inmates and four doors one male but 90% of the time a female officer has to supervise. I have made Captain Bealer, Malone & Bradly, Lt Bankston, sgts; Owens, Madden, Thompson, Major Bolden, Warden Watson, Deputy Warden Moses Jackson and other Jane does ADC staff aware of this problem but to no avail. Ray Hobbs is doing nothing to correct this danger. the paper trail as well as a review of the camera will reveal that barracks 15-22 have been supervised by one ADC security officer for over a year 97% of the time on all shifts. A D C & D. And that ADC staff have manifested deliberate indifference to the need of adequate staff this staff shortage and failure for staff to obey policy regarding the lights have put me at a pervasive risk to be harmed again.

You are not being subjected to any substantial harm of being housed in 20 barracks, officers are trained to be observant, and vigilant of any and all danger and to call for assistance if needed. Security check are being conducted every 30 minutes, staff assignment are not at behest of inmates.

Therefore I find this issue without merit.

Signature of Warden/Supervisor or Designee

Title

11-14-13

Date

INMATE'S APPEAL Note: I recieved this derison on 11-16-13

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 statement given by warden is riddled with lies. One officer supervise all four barracks. She can't come inside the barracks because she be by herself 97% of the time.

I have withness several fights and two of them bloodie but she never knew. This wouldn't have been possible if security checks were done every 30 minutes. Review the cameras, they don't lie.

C.A. Winston

Inmate Signature

084733

ADC#

RECEIVED 11-17-13

Date

NOV 27 2013

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

44

JNIT LEVEL GRIEVANCE FORM (Attachment I)

Jnit/Center Varner

Exhibit E1 of 3

FOR OFFICE USE ONLY	
GRV. #	<u>VU-134-0022</u>
Date Received:	<u>01-06-14</u>
GRV. Code #:	<u>508</u>

Name C.A. Winston

ADC# 054733 Brks # 20-09 Job Assignment BV

~~4-14~~ (Date) STEP ONE: Informal Resolution

5-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: The shift supervisors need to orientate COI's COIT's & Sgt's they don't know policy!

~~4-14~~ (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'm suffering eye strain, I can't read comfortably at my racks and I'm being put in the position to be assaulted again.

Is this Grievance concerning Medical or Mental Health Services? 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 have asked COTT Kayla Giles twice after lunch to turn the lights on in the living area to no avail.

The date is 1-4-13 and the time was 10:35 AM. When I asked her the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chess and a third one looking on. The second table was being used as a "picket" and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA Criminal Justice Standards, Barracks rules # 19, lights will be turned on at 4:30 AM and remain on until 10:30 PM everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON AT ALL TIMES. ABA states, "Correctional authorities should provide each prisoner... a source of natural light & light sufficient to permit reading. These guidelines are not being followed. I'm suffering great mental & emotional stress." At 12:04 PM, 12:04 PM Giles refused to call a sgt to address my grievance.

C.A. Winston
Inmate Signature

1-4-14
Date

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 1-4-14 (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: Sgt M. Owens Date 1-4-14

STAFF NAME (PROBLEM SOLVER) Sgt M. Owens ID Number 0020 Staff Signature Sgt M. Owens Date Received 1-4-14

Describe action taken to resolve complaint, including date: On 1-4-13 at approx 10:10 AM Inmate Winston asked me to turn the lights on. I told him that I was able to see in the barracks. To make sure that the inmates were secure, that he would go in the dayroom to use the lights that were dimmed.

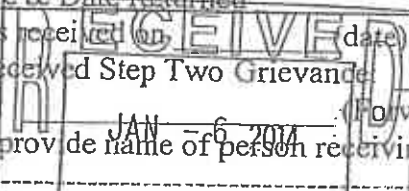
Staff Signature & Date Returned C.A. Winston Inmate Signature & Date Received 1-5-14

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 Winston Refuse to use the lights in the dayroom. The table under the 45 light that was on, was not occupied.



INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-14-00022


WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Winston, you state, "I have asked CO II Kayla Jiles twice after lunch to turn the lights on in the living area to no avail. The date is 1/4/13 and the time was 10:35 am. When I asked her the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chess and a third one looking on. The second table was being used as a "Pickett" and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA criminal justice standard; barracks rules #18 lights will be turned on at 4:30 am and remain on until 10:30 pm everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON ATN ALL TIMES. ABA states, "Correctional authorities should provide each prisoner...a source of natural light & light sufficient to permit reading. hes guideline are no being followed I'm suffering great mental & emotional stress."

The issue of the lights being turned on and off has been addressed with staff. According to the VU Barracks and Hallway Rules: During Non-tropical hours barracks Lights will be turned on at 6:00A.M. and remain on until 10:30 P.M. every day. During tropical hours / Summer lights will be turned on at 4:30 A.M. every day and remain on until 10:30 P.M. Excluding Holidays and weekends. Holiday and weekend schedule lights will be turned on at 6:00 A.M. and remain on until 10:30 P.M.

Therefore, I find this issue resolved.


Signature of Warden/Supervisor or Designee


Title

2-6-14
Date

INMATE'S APPEAL NOTE: I recieved this response on 2-10-14 from COII Starks.

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?

Exhibit E3083

INMATE NAME: Winston, Charles A.

ADC #: 084733

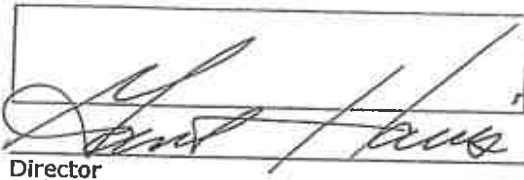
GRIEVANCE#: VU-14-00022

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

You grieved on 1/5/14 that on 1/4/14 at 10:35 A.M., you asked CO II Jiles twice to turn on the lights in the living area of your barracks, but to no avail. You stated that she told you that inmates were still sleeping and to use the lights in the dayroom. You believe that the ADC guidelines are not being followed.

After review of your appeal and supporting documentation, I find that I concur with the Warden's decision. Your appeal is without merit.

Appeal denied.



Director

Date 3-5-2014

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Exhibit-F of 3
RECEIVED

(WR74)
FOR OFFICE USE ONLY
GRV. # VU-14-00202
Date Received: 3/1/14
GRV. Code #: 508

Name C. A. Winston

ADC# 084733 Brks # 20-08 Job Assignment BU 2014

2-22-14 (Date) STEP ONE: Informal Resolution

2-25-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: Policy regarding the lights are still not being followed as reflected by the Captain response

2-22-14 (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: When I have to ask staff every weekend to cut the lights on after lunch, my fellow inmates get fighting mad at me!

Is this Grievance concerning Medical or Mental Health Services? 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 2-10-14 I recieved a response to grievance VU-14-0022 dated 2-9-14 from warden Watson regarding the time the lights are to be turned on. Watson stated in his response and I quote: "The issue of the lights being turned on and off has been addressed with staff."

This statement is a fabrication or staff refuse to obey the alledged instructions issued by Warden Randy Watson or who ever it was that signed this grievance. I can't read the signature.

When I came back from lunch today, 2-22-14 at 10:23 AM the lights were not own. I asked the officer on the door COL. Williams to cut them on and he didn't. Ten minutes later sgt. Strain comes to the barrack to do a barrack check and I complain to her about the lights and show her that the response the warden Watson gave in grievance VU-14-0022 was not being honored or a fabrication. He has falsified a document in violation of AR 225 and I request his termination. He is putting my life in danger.

C. A. Winston
Inmate Signature

2-22-14
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 2-23-14 (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: Sgt. A. White Date 2-23-14

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. A. White ID Number 63885 Staff Signature Sgt. A. White Date Received 2-23-14

Describe action taken to resolve complaint, including dates: It is not Inmate Winston 84733 concern to the barrack lighting. If staff is able to maintain a safe + secure environment with the lighting provided in the barrack which it appears due to no report of incident in the barrack.

Sgt. Staff 2/23/14
Staff Signature & Date Returned

C. A. Winston 2-24-14
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 2014

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.

48

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-14-00262

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Charles Winston, you state, On 2-10-14 I received a response to grievance VU-14-0022 date 2-4-14 from Warden Watson regarding the time the lights are to be turned on. Watson stated in his response and I quote: "The issue of the lights being turned on and off has been addressed with staff." This statement is a fabrication or staff refuse to obey the alleged instructions issued by Warden Randy Watson or who ever it was that signed this grievance. I can't read the signature. When I came back from lunch today, 2-22-14 at 10:23 am the lights were not on. I asked the officer on the door COII Williams to cut them on and he didn't. Ten minutes later Sgt. Strain comes to the barrack to do a barrack check and I complain to her about the lights and show her that the response the Warden Watson gave in grievance VU-14-0022 was not being honored or a Fabrication. He has falsified a document in violation of AR 225 and I request his termination. He is putting my life in danger."

CO2 Williams advises that he turned on the lights.

According to VU Barracks and Hallway Rules: During Non-tropical hours barracks lights will be turned on at 6:00a.m. and remain on until 10:30p.m. every day. During tropical hours/Summer lights will be turned on at 4:30a.m. every day and remain on until 10:30p.m. Excluding holidays and weekends. Holiday and weekend schedule lights will be turned on at 6:00a.m. and remain on until 10:30p.m.

Therefore, I find this issue without merit.

[Redacted Signature Box]

For R. Watson by DW MJ
Signature of Warden/Supervisor or Designee

Deputy Warden
Title

27 MAR 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? Will you please address the issue, of the fact that; on 2-22-14 after lunch the lights are still out, which means the message was either never sent or never obeyed.

RECEIVED
APR 08 2014

INMATE GRIEVANCE SUPERVISOR
ADMINISTRATION BUILDING

C. A. Winston
Inmate Signature

084733
ADC#

3-31-14
Date

INMATE NAME: Winston, Charles A.

ADC #: 084733

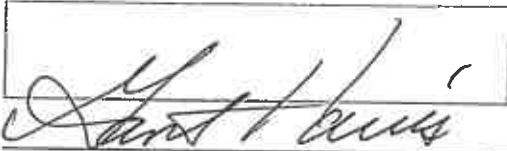
GRIEVANCE#: VU-14-00262

CHIEF DEPUTY/DEPUTY/ASSISTANT DIRECTOR'S DECISION

You grieved on 2/25/14 that Warden Watson is in violation of ADC policy due to fabrication or falsifying documentation. You stated that you received a response to grievance #VU-14-00022 on 2/10/14 with a response from Warden Watson regarding the issue with the lights being turned on and off. You stated that the response from the Warden stated that "the issue has been addressed with staff", but you believe this to be untrue. You said that on 2/22/14 at 10:23 A.M., the lights were not on. You stated that you informed CO-II Williams to turn them on, but to no avail. You then stated that you informed Sgt. Strain and showed her the response you had received from the Warden, but she ignored it.

After review of your appeal and supporting documentation, I find CO-II Williams stated that on 2/22/14, he turned the lights on. Therefore I find your appeal without merit.

Appeal denied.



Director

4-9-2014

Date

STATE OF ARKANSAS)
)§
COUNTY OF Lincoln)

Exhibit-G

DECLARATION

I, C.A. Winston, hereby declare:

That on Sunday August 10, 2014 that the lights in barracks 15 was off in the living area all day from 7:00 AM that morning until 6:30 PM that night until I asked the supervisor COII to cut them on.

b

Pursuant to 28 U.S.C. §1746, I declare under the penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

6-13-2014
Executed on

C.A. Winston
Affiant

084733
ADC#

RECEIVED

BEFORE THE ARKANSAS CLAIMS COMMISSION

STATE OF ARKANSAS

CHARLES WINSTON (ADC 084733)

CLAIMANT

VS

NO. 15-0060-CC

DEPARTMENT OF CORRECTION,
STATE OF ARKANSAS

RESPONDENT

MOTION TO SUBMITT TWO ADDEDUM TO RESPONSE TO
MOTION TO DISMISS

COMES now the Claimant with his Motion states:

1. Claimant submitted a response to Respondent motion to dismiss that had seven Exhibits A through G. Claimant is requesting permission to add two Exhibits, H and I according to A.R. Civ. P 15
2. These two Exhibits shows that correction officers (CO) as recent as 08-10-2014 and 08-17-2014 are still not following (obeying) policy governing the lights. CO II S. Haines and CO II Trotter admits to having the lights off in the living area, all of them. I made a lot of enemies when I asked CO II S. Haines to cut one row of lights on and was almost jumped on.

Sincerely,
C.A. Winston

CERTIFICATE OF SERVICE

I certify that the foregoing was placed in the regular US mail on 8-11-14 to; Norman L. Hodges and Lisa Mills Wilkins.

C.A. Winston
C.A. Winston

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name C.A. Winston

Exhibit-H

ADC# 084733 Brks # 15-10 Job Assignment Bal Program

8-10-14 (Date) STEP ONE: Informal Resolution

8-13-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: As reflected by CO II Haynes response she did have "all" lights off in living area

8-10-14 (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: When correctional officials don't obey the policy governing the lights it create a violent environment like in the past.

Is this Grievance concerning Medical or Mental Health Services? 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 lights have been off in the barrack all-day today on 8-10-14 in the living area. Not one row of lights was on. Then at 6:30 PM I asked CO II S. Haynes to cut them on and she cut just one row of lights on in the living area.

Then at approximately 7:00 PM she cut that one row of lights out. I go and inform her that I was using that light and she said that an inmate is getting ready to go to bed and told me to go in the dayroom.

I then asked her for her name and she gladly gave it to me and told me to write it good. CO II Haynes is in gross violation of policy. It is obvious that she doesn't know policy or is displaying contempt for it.

The policy states that at no time are the lights suppose to be off in the living area completely, at least every other light is suppose to be on.

C.A. Winston

Inmate Signature

8-10-14

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: _____

Sgt. McCrimmon 67674 Sgt. McCrimmon 8-10-14
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including date: Inmate Winston was asked to proceed to the dayroom to work on his paperwork, where there was more lighting in the barracks, he refused and made a big fuss. I CO II Haynes also have no knowledge about the lighting date in the dayroom being off all day.

C.A. Winston 084733 8-13-14
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.

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name C.A. Winston Exhibit-I

ADC# 084733 Brks # 15-10 Job Assignment PAL PROGRAM

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

8-17-14 (Date) STEP ONE: Informal Resolution

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

8-17-14 (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: COIT TROTTER is creating a sub

stantial risk of physical harm coming to me if I request the lights be turned on!
Is this Grievance concerning Medical or Mental Health Services? _____ 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): It is 4:00 AM and my barracks

have been back from lunch for over 30 minutes and COIT Trotter has not cut the lights on in the living area in violation of policy. Supper was at 2:00 PM and lights are still out.

Every light in the living area is off. It shouldn't have to be my job to ask COIT Trotter to cut the lights on.

According to policy they should already be on. When an inmate have to ask a Correctional Officer to cut on the lights

that causes frictions between him and other inmates which can lead to violence. I speak from experience

C.A. Winston

8-17-14

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 _____ (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: _____

Jarone Whaley 33664 Jarone Whaley 8/17/2014
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Officer Trotter did not have her lights on but I Sgt T. Whaley counseled with her and she advised this would not happen again

Jarone Whaley C.A. Winston 8-17-14
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.

STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 15,000.00

Claim No. 15-0060-CC

Charles Winston, #084733
vs.
Claimant

Attorneys
Pro se
Claimant

Department of Correction
State of Arkansas
Respondent

Lisa Wilkins, Attorney
Respondent

Date Filed July 25, 2014

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

FINDING OF FACTS

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

IT IS SO ORDERED.

(See Back of Opinion Form)

CONCLUSION

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

Date of Hearing September 11, 2014

Date of Disposition September 11, 2014

Arnold
Chairman
Bill Jancaster
Commissioner
Richard L. Mays
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.

STATE OF ARKANSAS)
)§
COUNTY OF Lincoln)

Arkansas
State Claims Commission
OCT 30 2014

RECEIVED

DECLARATION

I, Charles A. Winston, hereby declare:

COVER LETTER TO MOTION

Dear Claims Commission,

The evidence reflect that the ADC employee violated policy governing the lights on 06-15-13 by having at first only one row off lights on as reflected in my statement in my appeal to warden Watson. It is Exhibit-B of my original complaint and Exhibit-#1 of this letter. It is no strange things for all the lights to be out in the living area in violation of policy. See Exhibits C, D, E and F of this Motion. So my story is credible and yes true!

In my original complaint I couldn't send you the two bloodie photos of my assault because two ADC employees destroyed my copies. But fortunately John Wesley Hall, Jr had a copy and sent it to me. See Exhibits #2 of this Letter and Exhibits A and B of this Motion.

I was brutally assaulted because I had to ask an ADC correctional officer to do her job, to cut the lights on and as you can see I still have to. Please send them a message give me reconsideration in Jesus name at any amount "you" deem fair. 15,000 or less

Pursuant to 28 U.S.C. §1746, I declare under the penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

10-20-14
Executed on

C.A. Winston
Affiant

084733
ADC#

I

RECEIVED

BEFORE THE ARKANSAS CLAIMS COMMISSION

STATE OF ARKANSAS

CHARLES WINSTON (ADC 084733)

CLAIMANT

VS

NO. 15-0060-CC

DEPARTMENT OF CORRECTION,
STATE OF ARKANSAS

RESPONDENT

MOTION OF RECONSIDERATION

COMES now the Claimant (Winston) with his motion states:

1. As ~~The~~ record reflected in Winston's response to Respondant motion to dismiss he submitted facts which, upon which relief can be granted.
2. ADC staff have admitted to not following policy governing the lights. When Winston asked COII Andrews to cut the lights on they should have already been on. see Exhibits A and E of original complaint. And Andrews admits in Exhibit - ~~E~~ that she never meant for anyone to get hurt in the situation.
3. The Respondent is alledging Winston haven't showned how him requesting the lights be turned on caused his attack. But in the first paragraph of the original, original Complaint Winston stated: "Because the security officers don't obey the policy regarding

the lights, the inmates have developed an expectancy for the lights to be off when policy dictate they be on. And they get violent when I ask the correctional officer (CO) to follow policy. "If every other light would have been on in the living area Winston would not have had to ask COII Andrews to cut the lights on over his rack. In Exhibit E she states: "Inmate Boyd asked her if she could turn some of the lights off in barracks." And when she did do what inmate Boyd asked she violated policy because every other light was not on as required by policy. See Exhibits G and H of original complaint. So when Winston asked her to cut the light on over his rack and she did. She was back in compliance. And this is when Boyd gets mad because I ask her to turn the lights back on after he gets them cut off. And brutally assaulted Winston as refuted by the before and after photo of Exhibit - A and B of this Motion.

4. The violating of the policy governing the lights is so entrenched until on August 17, 2014 COII Trotter had every light in the living area cut of alday. When Winston reported her to Sgt. T.

Whaley and he counseled with her and she admitted that she had all the lights off. See Exhibit-C of this Motion. And just as recently as October, 9, 2014, COII Lockett admitted to Sgt. Davenport and I quote his Response: "I Sgt. Davenport counseled with CO² Lockett about the lights at inmate Winston's request..." Winston was threaten this day as reflected in his grievance. Exhibit-D You have before you two Sergeants having to counsel two correctional officers about violating the policy regarding the lights, just as the policy was being violated by COII Andrews on June 15, 2013.

5. Winston fellow inmates getting fighting mad at him when he have to ask a C.O. to turn the lights on, and on 6-15-2013 that is what happen. He done nothing wrong to be assaulted. Contrary to the allegation that he had heated words, and the words that were spoke because Winston had to speak to get the lights cut on and the claim commission over looked the fact that Winston disciplinary for fighting. After a thorough review of all the documents pertaining to the matter, Disciplinary Hearing Administrator Raymond Naylor reversed the

decision of the major disciplinary hearing officer, as reflected by Exhibit-D of the original complaint.

As Exhibits C and D of this Motion reflects ADC correctional officers are in gross violation of the policy governing the lights as was the case on June 15, 2013 which led to Winton's brutal and bloody assault, as reflected by Exhibits A and B of this Motion. See also Exhibit-E, a 3rd example & F the 4th.

WHEREFORE, for the reasons stated and exhibits and evidence submitted the Claim be reinstated and grant Claimant all other just relief.

Respectfully Submitted,
C.A. Winston

CERTIFICATE OF SERVICE

I certify that the forgoing has been placed in the regular US mail on October ²²~~20~~, 2014 to the Ark. State Claims Commission:

Lisa Mills Wilkins

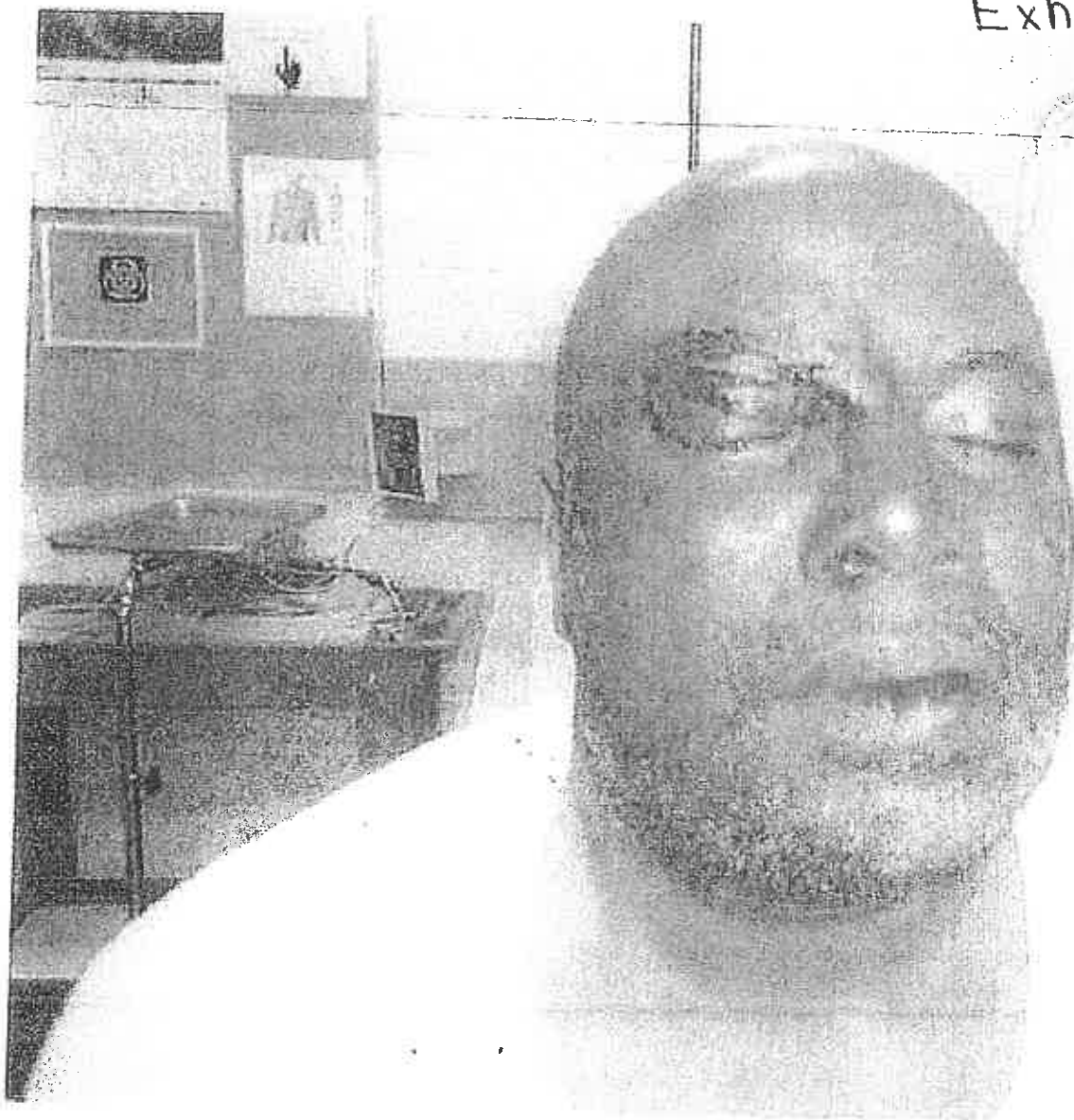
C.A. Winston

C.A. Winston

cc: File
ASCC

Charles Winston #84733 6/15/13 2013 -

Exhibit-A



Charles Winston #084733 6/15/

Exhibit B



UNIT LEVEL GRIEVANCE FORM (Attachment D)

Unit/Center Varner

Name C.A. Winston Exhibit-C 1 of 2

ADC# 084733 Brks # 15-10 Job Assignment PAL PROGRAM

White
FOR OFFICE USE ONLY
GRV. # VU-141122
Date Received: 8/18/14
GRV. Code #: 803

8-17-14 (Date) STEP ONE: Informal Resolution

8-18-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: COTT Trotter told Sgt Waley that the reason she had the lights off is because no 1 told her to turn them on

8-17-14 (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: COTT TROTTER is creating a sub

stantial risk of physical harm coming to me if I request the lights be turned on!

Is this Grievance concerning Medical or Mental Health Services? 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): It is 4:06 AM and my barracks

have been back from lunch for over 30 minutes and COTT Trotter has not cut the lights on in the living area in violation of policy. Supper was at 2:00 PM and lights are still out.

Every light in the living area is off. It shouldn't have to be my job to ask COTT Trotter to cut the lights on.

According to policy they should already be on. When an inmate have to ask a Correctional Officer to cut on the lights that causes fritions between him and other inmates which can lead to violence. I speak from experience

C.A. Winston

Inmate Signature

8-17-14
Date

RECEIVED
SEP 10 2014

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:

Fernese Whaley 33664 Lawrence J. Whaley 8/17/2014
PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Signature Date Received

Describe action taken to resolve complaint, including dates: Officer Trotter did not
have her lights on but Sgt T. Whaley counseled
with her and she advised this would not happen

Lawrence J. Whaley C.A. Winston 8-17-14
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: 7- Date:

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

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BK 15 / 0010

Exhibit C 2 of 2
GRIEVANCE #: VU-14-01122

INMATE NAME: Winston, Charles A.

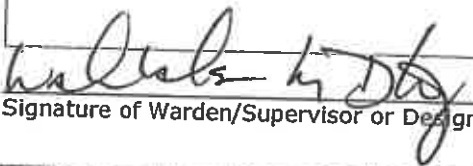
ADC #: 084733D

WARDEN/CENTER SUPERVISOR'S DECISION

In response to your Grievance: you state "It is 4:00 pm and my barracks have been back from lunch for over 30 minutes and COII Trotter has not cut the lights on in the living area in violation of policy. Supper was at 2:00 pm and lights are still out. Every light in the living area is off. It shouldn't have to be my job to ask COII Trotter to cut the lights on. According to policy they should already be on. When an inmate have to ask a Correctional Officer to cut on the lights that causes fritions between him and other inmates which can lead to violence. I speak from experience."

Officer has been properly counseled about this issue.

Therefore I find this issue with Merit but resolved.


Signature of Warden/Supervisor or Designee


Title

8-29-14
Date

RECEIVED

INMATE'S APPEAL

SEP 10 2014

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 issue is still not resolved because for the past three days; Saturday August 30, 2014, Sunday August 31, 2014 and Monday September 1, 2014 the lights were not on according to policy in the living area. This is already an issue in the Claims Commission but the ADC still want clean up it's act!

C.A. Winston

Inmate Signature

084733

ADC#

09-03-14

Date

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varred

Name C. A. Winston Exhibit D

ADC# 084733 Brks # 15-10 Job Assignment Pal Program

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

10-4-14 (Date) STEP ONE: Informal Resolution

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: As my disciplinary record will reflect this isn't an isolated incident by correctional officers!

10-9-14 (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 was threaten to day told: I'm going to fuck you up!" by fellow inmate because of the lights.

Is this Grievance concerning Medical or Mental Health Services? _____ 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 have been threaten for the

second time about me having to ask a correctional officer to turn the lights on over my rack, at 7:45 PM when I had to ask CO II Jackson for the third time to cut the lights on over my rack.

The problem was caused by CO II Lockett who have the habit of cutting most of the lights out in the living area before she leaves at shift change because the (G) fellow inmate asked her to cut them off.

CO II Lockett is putting my life in danger when I have to ask her to cut the lights on when they should already be on.

The same inmate that threaten me, is the same one that CO II Jiles witness assault a handcuffed inmate and she reported it to Captain Bradley.

C.A. Winston

10-7-14
Date

Inmate Signature

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) Sgt M Davenport ID Number 27217 Staff Signature [Signature] Date Received 10-9-10

Describe action taken to resolve complaint, including dates: I Sgt M Davenport Cancelled with CO II Lockett about the lights at inmate C.A. Winston's request. Date: 10-9-14

Staff Signature & Date Returned C.A. Winston 10-9-14
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: -9- 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.

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NIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner
Name C.A. Winston Exhibit E of 2
DC# 054733 Brks # 20-09 Job Assignment BV

FOR OFFICE USE ONLY
GRV. # 111-13-0022
Date Received: 01-06-14
GRV. Code #: 508

~~4-14~~ (Date) STEP ONE: Informal Resolution

5-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)
If the issue was not resolved during Step One, state why: The shift supervisors

~~1-14~~ (Date) EMERGENCY GRIEVANCE (An emergency situation is one in which you may be subject to 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'm suffering eye strain, I can't read comfortably at my racks and I'm being put in the position to be assaulted again.
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): I have asked COTT Kayla
twice after lunch to turn the lights on in the living
area to no avail.

The date is 1-4-13 and the time was 10:35 AM. When I asked on the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chess and a third one looking on. The second table was being used as a "picket" and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA Criminal Justice Standards, barracks rules # 18, lights will be turned on at 4:30 AM and remain on until 4:30 PM everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY
ONE LIGHT IS TO REMAIN ON AT ALL TIMES. ABA states, "Correctional authorities
should provide each prisoner... a source of natural light & light sufficient to permit
reading. These guidelines are not being followed. I'm suffering great mental & emotional
stress. At 12:04 PM, 12:04 PM Giles refused to call a sgt to address my grievance!

Inmate Signature C.A. Winston Date 1-4-14

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 1-4-14 (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 (Yes or No). If yes, name of the person in that department receiving this form: Sgt M. Mess Date 1-4-14

Staff Name (Problem Solver) FYN OWENS ID Number 0020 Staff Signature Sgt M. Mess Date Received 1-4-14

Describe action taken to resolve complaint, including date: On 1-4-13 at approx 10:10 AM Inmate
Winston asked me to turn the lights on. I told him that I was able
to go in the barracks to make sure that the inmates were secure,
that he would go in the dayroom to use the lights that were dimmed.
Sgt. Giles 1-4-2014

Signature & Date Returned C.A. Winston Inmate Signature & Date Received 1-5-14

This form was received on 1-5-14 (date), pursuant to Step Two. Is it an Emergency? No (Yes or No).
Who Received Step Two Grievance: -10- Date: 1-5-14

Action Taken: Forwarded to Grievance Officer/Warden/Other Date: 1-5-14
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 Winston Refuse to use the lights in the dayroom. The table under the light that was on, was NOT OCCUPIED.

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Attachment III

Exhibit-E 2 of 2

INMATE NAME: Winston, Charles A.

ADC #: 084733D

GRIEVANCE #: VU-14-00022


WARDEN/CENTER SUPERVISOR'S DECISION

In response to your grievance: Inmate Winston, you state, "I have asked CO II Kayla Jiles twice after lunch to turn the lights on in the living area to no avail. The date is 1/4/13 and the time was 10:35 am. When I asked her the second time she said people are still sleeping you can use the dayroom. But the truth of the matter is the first table was occupied by two inmates playing chest and a third one looking on. The second table was being used as a "Pickett" and the lighting is just as bad at that table as it is my rack.

According to ADC policy and ABA criminal justice standard; barracks rules #18 lights will be turned on at 4:30 am and remain on until 10:30 pm everyday. AT NO TIME WILL THE LIGHTS BE OUT, AT LEAST EVERY OTHER LIGHT IS TO REMAIN ON ATN ALL TIMES. ABA states, "Correctional authorities should provide each prisoner...a source of natural light & light sufficient to permit reading. hes guideline are no being followed I'm suffering great mental & emotional stress."

The issue of the lights being turned on and off has been addressed with staff. According to the VU Barracks and Hallway Rules: During Non-tropical hours barracks Lights will be turned on at 6:00A.M. and remain on until 10:30 P.M. every day. During tropical hours / Summer lights will be turned on at 4:30 A.M. every day and remain on until 10:30 P.M. Excluding Holidays and weekends. Holiday and weekend schedule lights will be turned on at 6:00 A.M. and remain on until 10:30 P.M.

Therefore, I find this issue resolved.


Signature of Warden/Supervisor or Designee


Title

2-8-14
Date

INMATE'S APPEAL NOTE: I recieved this response on 2-10-14 from COII Starks.

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?

UNIT LEVEL GRIEVANCE FORM (Attachment I)

Unit/Center Varner

Name C.A. Winston Exhibit-F

ADC# 084733 Brks # 15-10 Job Assignment BAL Program

8-10-14 (Date) STEP ONE: Informal Resolution

8-13-14 (Date) STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)

If the issue was not resolved during Step One, state why: As reflected by COIT Haynes response she did have "all" lights off in living area

8-10-14 (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: When correctional officials don't obey the policy governing the lights it create a violent environment like in the past.

Is this Grievance concerning Medical or Mental Health Services? _____ 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 lights have been off in the barrack all-day today on 8-10-14 in the living area. Not one row of lights was on. Then at 6:30 PM I asked COIT S. Haynes to cut them on and she cut just one row of lights on in the living area.

Then at approximately 9:00 PM she cut that one row of lights out. I go and inform her that I was using that light and she said that an inmate is getting ready to go to bed and told me to go in the dayroom.

I then asked her for her name and she gladly gave it to me and told me to write it good. COIT Haynes is in gross violation of policy. It is obvious that she doesn't know policy or is displaying contempt for it.

The policy states that at no time are the lights suppose to be off in the living area completely, at least every other light is suppose to be on.

C.A. Winston

8-10-14

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 _____ (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: _____

PRINT STAFF NAME (PROBLEM SOLVER) Sgt. McCallum ID Number 67674 Staff Signature [Signature] Date 8-10-14

Describe action taken to resolve complaint, including date: Inmate Winston was asked to proceed to the dayroom to work on his paperwork, where there was more lighting in the barracks, he refused and made a big fuss. I COIT Haynes also have no knowledge about the lighting state in the dayroom being off all day.

Staff Signature & Date Returned C.A. Winston 084733 8-13-14 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: -12- Date: _____ Action Taken: _____ (Forwarded to Grievance Officer/Warden/Other) Date: _____ Forwarded, provide name of person receiving this form: _____ Date: _____

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

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Des 20-05

Winston, Charles #084733 Date Rec'd 06/27/2013

Arkansas Department of Correction Exhibit-11 of 2

Max Unit

MAJOR DISCIPLINARY APPEAL FORM



Inmate Charles A. Winston ADC # 84733 Date 6-20-13
Concerning Disciplinary Given on (date) 6-15-13 by (officer) Deborah Andrews
APPEAL TO WARDEN: (to be completed by inmate)

State reasons why conviction or punishment should be reversed or modified: On the morning of 6-15-13 from 6:00 AM to 11:30 AM there was not any lights on in the living area until 11:30 AM. At 11:30 the lights were cut on over my rack. They were the only lights in the living area. Then when CO II Andrews got a call that deputy garden Meinzer was on his way to sign the log she cut all the other lights on. When Meinzer left the new building an inmate asked her to cut some of the lights off in the living area and she did. It was approximately 12:45 PM. I had just finished

Inmate's Signature: C.A. Winston

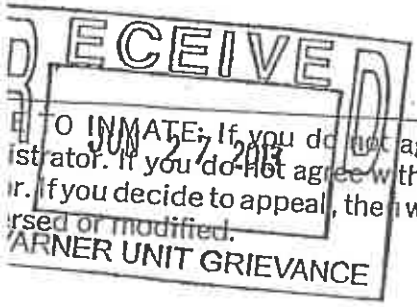
RESPONSE FROM WARDEN: (due within ten (10) calendar days of receipt of appeal if punitive)

Form: Reverse: Modify:

Actions Taken: I have received your disciplinary appeal on 06/27/2013 for your disciplinary dated 06/15/2013, issued by Off D. Andrews at 12:56 PM for the charges of 12-1 Failure to Obey Order of Staff; 17-1 any felony act or misdemeanor; 05-7 assault-attempt or threat upon staff; 05-3 assault; 04-8 battery-use of force on an inmate

This appeal should be AFFIRMED due to the fact that you have not submitted any new evidence and Staff's report is accepted. I FIND NO REASON TO MODIFY OR REVERSE THE PUNISHMENT. IF YOU DISAGREE WITH MY DECISION, YOU MAY APPEAL TO MR. RAYMOND NAYLOR, HEARING OFFICER ADMINISTRATOR, AT CENTRAL OFFICE.

Sc: 06/15/2013 12:56 PM



Signature: [Signature] Date: 6-28-13

TO INMATE: If you do not agree with the warden's response, you may appeal it to the Hearing Officer Administrator. If you do not agree with the Hearing Officer Administrator's response, then you may appeal it to the warden. If you decide to appeal, then you must write a letter repeating your reasons why your conviction or punishment should be reversed or modified.

using the restroom when Timothy Boyd #136098 came into the restroom and asked Andrews to cut another row of lights off in the diving area. She did, she cut the lights off over my rack where I was going back to study.

I then asked her to cut the lights back on and she did. As I was walking back to my rack Boyd said in anger you ought to go to the law library. I said I can't go to the law library you guys ought to appreciate the fact that I don't request the lights to be turned on over my rack until after we come from lunch on the weekends.

He (Boyd) then said I ought to hit you in the face, I then said you can do anything you want to. I then went to my rack and sit back in the shower chair I was using. Boyd said I ain't going to play with you like these other guys and got up out the bed put his shoes on and came to my rack.

I was just sitting there silent when he hit me two times over my right eye. The second blow knocked me to the floor. Each blow left a cut and I was bleeding profusely. (Review the two pictures) I hit the floor on my knees with

Exhibit #2

LAW OFFICES OF
JOHN WESLEY HALL, JR.

an Arkansas Professional Association

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Paralegals:
Sherry L. Bruno
sbruno@forhall.com
T.J. Lavelle
tjl@forhall.com

July 1, 2014

Mr. C.A. Winston #084733
Varner Unit-ADC
P.O. Box 600
Grady, AR 71644

Dear Mr. Winston:

After reviewing your paperwork, we regret that with this communication we are closing your file and undertaking no further responsibilities on your behalf regarding your claims.

By taking this action we are not giving you an opinion regarding the merit or value of your case.

Please keep in mind a statute of limitations may exist which affects your case. If your case is not filed in court within a specified period of time, you will lose forever your right to file suit. You or your new attorney, if any, should independently ascertain the statute of limitations date for your case.

The documents you provided me are enclosed. We are unable to make color copies, however, the original pictures and some black and white copies are enclosed.

Again, we regret we could not be of further assistance to you in this matter. We do appreciate the opportunity to have reviewed your case and hope you will call on us if we can ever assist you in the future.

If you have any fully and timely appealed grievances regarding medical care or failure to protect claims, you may send them to us for our review. However, you should not send originals. Due to the volume of inmate mail we receive, we cannot ensure the safekeeping of any documents we receive.

IV

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STATE CLAIMS COMMISSION DOCKET
OPINION

Amount of Claim \$ 15,000.00

Claim No. 15-0060-CC

Charles Winston, #084733
vs. Claimant

Attorneys
Pro se Claimant

Department of Corrections
State of Arkansas Respondent

Lisa Wilkins, Attorney
Respondent

Date Filed July 25, 2014

Type of Claim Personal Injury, Failure to Follow
Procedures, Pain & Suffering

FINDING OF FACTS

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's September 11, 2014, order remains in effect.

IT IS SO ORDERED.


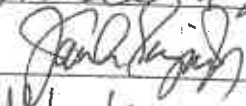
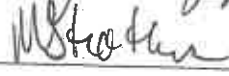
(See Back of Opinion Form)

CONCLUSION

The Claims Commission hereby unanimously denies Claimant's "Motion for Reconsideration" for the Claimant's failure to offer evidence that was not previously available. Therefore, the Commission's September 11, 2014, order remains in effect.

Date of Hearing November 13, 2014

Date of Disposition November 13, 2014


Chairman

Commissioner

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.

Arkansas Claims Commission
DEC 02 2014
RECEIVED

BEFORE THE ARKANSAS CLAIMS COMMISSION
STATE OF ARKANSAS

CHARLES WINSTON (ADC 084733)

CLAIMANT

VS

NO.

DEPARTMENT OF CORRECTION,
STATE OF ARKANSAS

RESPONDENT

NOTICE OF APPEAL

Notice is hereby given that I, Charles A. Winston, Claimant sues the Arkansas Department of Correction the Respondent in the above named case hereby appeal to the General Assembly from the final order of the Commission denying Claimant's Motion for Reconsideration, entered in this action on the 13 day of November 2014,

C.A. Winston

CERTIFICATE OF SERVICE

I certify that the foregoing was placed in the regular U.S. mail on 11-30-2014 to the Commission

C.A. Winston
C.A. Winston

STATE OF ARKANSAS)
)§
COUNTY OF Lincoln)

DECLARATION

I, Charles A. Winston, hereby declare:

APPEAL TO GENERAL ASSEMBLY

I make this appeal to the Assembly in the might name of Jesus the Christ and in the name of justice. The policy regarding the lights is being grossly violated and when I asked that the policy be followed in conflict with the norm a fellow inmate got mad and brutally assaulted me. Please see Exhibits A and B.

This violation of the policy governing the lights took place on June 15, 2013 and as Exhibit C reflect this violation of policy is still Varner Unit wide as recent as August 17, 2014 and is still in practice at this very moment.

I ask the assembly to review my original claim file marked 07-25-14, My Response To Answered filed marked (FM) 08-08-2014, my Response To Respondent's Motion To Dismiss, FM dated 08-15-2014 and my Cover Letter To Motion, FM date October, 30, 2014.

This is the only Unit to my knowledge where the inmate control the lights not policy, creating an expectancy in the inmate to have lights off when policy dictate they be on.

Pursuant to 28 U.S.C. §1746, I declare under the penalty of perjury that the foregoing is true and accurate to the best of my knowledge.

C. A. Winston
Executed on
cc: File
Commission
General Assembly
Federal Court

C. A. Winston
Affiant
084732
ADC#