EXHIBIT
tabbies Griev. 1

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) _____

Deputy Printed Name, Badge #, Date: C. Greene 5706 3/4/09

Inmate Name: ALISHA BAKER Name Number: 102573 Cell: J2

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance:

THE VENTILATION IS HORRIBLE IN J. WHILE IN UNIT K, I EXPERIENCED DIZZY SPELLS [redacted] FROM INADEQUATE VENTILATION) AND IN UNIT [redacted] L IT IS EXTREMELY STUFFY. OBVIOUSLY ALL THE PODS SUFFER FROM POOR VENTILATION.

Action Requested: TO HAVE THE VENTILATION SYSTEM FIXED OR REPLACED

Shift Supervisor Review

Decision: Maintenance is aware of the ventilation issues.

Supervisor Signature: Cpl Tonnie Simon/Cpl Simon 5318 Date: 3-5-09/1128

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Alisha Baker Date: 3/5/09

Administrative Review

Decision: Above answer correct.

Administrator Signature: Lt. Tami Faulkner 5216 Date: 3-6-09/1230

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Alisha Baker Date: 3/11/09

EXHIBIT
tabbies Grieu. 2

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign): [signature]

Deputy Printed Name, Badge #, Date: [illegible] 5362 3/4/09 1500

Inmate Name: Canada Misty Name Number: 25455 Cell: 326

Status (circle one) Sentenced / Unsentenced Federal / State

Description of Grievance: There is not appropriate air circulation nor appropriate ventilation in this pod. After washing clothes and having them to dry they don't in a reasonable amount of time most times it takes @ 24 hours to dry. Or to dry enough to be able to wear it. It also gets so stuffy in our pod that we must often can't breathe nor can we get rid of colds that are brought in by the newer inmates.

Action Requested: add a fan to the unit or clean and replace the vents currently in here. Also the deputies to open our door & rec door for fresh air until we can get a fan added in the ceiling or something can be done with our vents.

Shift Supervisor Review

Decision: maintenance is aware of the ventilation issues. It's been like this all. They need to be not only aware of it but, fixing it as well

Supervisor Signature: Cpl. Janine Simon/Cpl Simon 5318 Date: 3-5-09/1129

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Misty Canada Date: 3/5/09

Administrative Review

Decision: Above answer correct

Administrator Signature: Lt. Tami Faulhaber 5316 Date: 3-6-09 @ 1225

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: [signature] Date: 3/7/09

EXHIBIT tabbies Griev. 3

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) Travis Lisher

Deputy Printed Name, Badge #, Date: Travis Lisher 365 3/5/09

Inmate Name: Amanda Davis Name Number: 56811 Cell: H-12

Status (circle one) (Sentenced) Unsentenced Federal State

Description of Grievance: I would like something to be done about the ventilation in the pod, I fill like alot of inmates including myself are getting ill because we do not have some type of proper way for us to get fresh, clean air into our unit so I'm asking for something to be ~~taking~~ done about some proper ventilation in this unit so the bacteria can be removed out and some fresh air can be put in here

Action Requested:

Shift Supervisor Review

Decision: YOUR HOUSING UNIT HOUSES 18 INMATES, THE VENTILATION SYSTEM IS ADEQUATE FOR THAT POPULATION

Supervisor Signature: [signature] 5894 C.D. Phillips Date: 3-09 1815

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3/6/09

Administrative Review

Decision: Above answer Correct.

Administrator Signature: Lt. Tami Faulkner 5816 Date: 3-09 @ 1214

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: amanda K Davis Date: 3/10/09

EXHIBIT tabbies Grieu 4

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [signature]

Deputy Printed Name, Badge #, Date: [illegible] 385 3/5/09

Inmate Name: Amanda Davis Name Number: 5681 Cell: H-12

Status (circle one) (Sentenced) Unsentenced Federal State

Description of Grievance: Do to the bad Sanitation situation in ~~at~~ the jail, I feel that I'm going to get sick because of the Mold in the showers that we got have got cleaning solitions to clean the Mold off so every morning when I get up I have troubles breathing. So I'm asking for something to be done. And the drains in the showers are filling up the bottom of the showers due to them not cleaning the drains out.

Action Requested:

Shift Supervisor Review

Decision: ANY CLEANING ISSUES POINT OUT TO THE HOUSING DEPUTY TO ADDRESS IT WITH THE TRUSTY OR YOU MAY ASSIST IN THE CLEANING, JUST ASK FOR SUPPLIES

Supervisor Signature: [signature] 5791 C.D. Davis Date: 3-6-09 1530

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3/6/09

Administrative Review

Decision: Above answer correct.

Administrator Signature: Lt. Tam Faulkner 5896 Date: 3-09 @ 1240

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3/10/09

EXHIBIT
tabbies Griev 5

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign): [signature]

Deputy Printed Name, Badge #, Date: C. Ng / Cpl 5362 3/4/09 1614

Inmate Name: Canada Misty Name Number: 25965 7 Cell: 3-L-8

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Black mold in the restroom/shower areas. Not only the old but the new as well. There is not appropriate ventalation in this area to avoid continued growth of black mold

Action Requested: Provide better ventilation in the shower area/have better cleaning supplys for the molded areas.

Shift Supervisor Review

Decision: Maintenance is aware of the ventilation issues. Units are given adiquite amounts of cleaning supplies to clean. Cleaning supplies need changed & added to amount issued. Maintenance needs to repair/replace not just know about

Supervisor Signature: Cpl. Jeanine Simon / Cpl. Simon 5318 Date: 3-5-09/1123

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: Misty M Canada Date: 3-5-09

Administrative Review

Decision: Above answer Correct.

Administrator Signature: Lt. Tami Faulhaber 5296 Date: 3-6-09 @ 1159

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: [signature] Date: 3/7/09

EXHIBIT
Griev 6

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign):
Deputy Printed Name, Badge #, Date: Kelly Bund 5362 3/4/09 1614

Inmate Name: CANADA Misty Name Number: 259557 Cell: 3-L-8

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: The Sanitation requirements (Idaho's Codes) are not being properly met! There's food stuck on walls filth build up by the bunks, and standing water in the floor drains/showers. This causes the pod to stink and the sanitation to be appropriate!

Action Requested: Give the deputies access to open the drains for cleaning; Get maintenance up here right away rather than 3 days or more later. Give up better cleaning supplies & the ability to request higher as needed! Clean the place up

Shift Supervisor Review

Decision: Each unit is giving industrial strength & appropriate amounts of cleaning supplies. It is up to the inmates in the unit to clean properly. Inform the deputies of the maintenance issues so they can fill out the proper paperwork to get it fix; this is not a grievable issue.

Supervisor Signature: Cpl. Konnie Simon /Cpl. Simon 5318 Date: 3-5-09/0908

Inmate: We have & no the amounts are not of appropriate strength or quality

This decision is acceptable to me: YES NO (circled)

Inmate Signature: Date: 3/5/09

Administrative Review

Decision: Above answer correct. Feel free to scrub & clean your living area.

Administrator Signature: Lt. Tami Faulhaber 5816 Date: 3-6-09 @ 1200

Inmate:

This decision is acceptable to me: YES NO (circled)

Inmate Signature: Date: 3/7/09

EXHIBIT
Griev 7

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign)

Deputy Printed Name, Badge #, Date: Sandoval 6411 2-26-09 1500

Inmate Name: Desiree Domingo Name Number: D4330 Cell: 3-1-30

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance:

I want you (the jail) to stop charging me for medical care to treat illnesses and injuries caused by bad conditions in the jail.

I was not sick upon entering this facility but do to the poor sanitation and living conditions not fit for humans I am and have been sick & [illegible] and have had to seek medical attention and have been charged do to the lack of a humane living [illegible] environment.

Action Requested: To be reimbursed and not charged any longer. Immediatly

There have been so many you'll need to see my medical records every time down to [illegible]

Shift Supervisor Review

Decision: How many visits to medical have you had as a direct result of the jail conditions? How much have you been charged?

Supervisor Signature: C. DePalmer [signature] 5391 Date: 2-26-09 1920

Inmate:

This decision is acceptable to me: YES NO (circled)

Inmate Signature: [signature] Date: 2/27/09

Administrative Review

Decision:

Administrator Signature: Date:

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: Date:

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign): [signature] 1600

Deputy Printed Name, Badge #, Date: [illegible] 5941 2-26-09

Inmate Name: Desiree Domingo Name Number: 129330 Cell: 3-L30

Status (circle one): (Sentenced) Unsentenced Federal State

Description of Grievance: There is mold in this pod every where but in the bathroom is where it is the very worst. I have Severe ~~Asthma~~ Asthma and because of these condition that I am forced to live in it causes me great disstress. This is unhealthy and my health is in grave danger.

Action Requested: I would like for the mold to be removed not just covered up ~~Imed~~ Immediately

It's beyond cleaning - Cleaning is not the issue / to Remove mold it has been cleaned

Shift Supervisor Review

Decision: LET THE HOUSING DEPUTY KNOW ABOUT ANY CLEANING ISSUES SO THE JANITOR CAN CLEAN, THE JANITOR CLEANED ONE SHOWER SUCCESSFULLY THE OTHERS CAN'T BE CLEANED

Supervisor Signature: [signature] 5591 Date: 2-26-09 1900

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: [signature] Date: 2/27/09

Administrative Review

Decision:

Administrator Signature: Date:

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: Date:

EXHIBIT
tabbies
Grieu 8

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) Hayden Roetz

Deputy Printed Name, Badge #, Date: Chuck Hathaway 5436 12/18/08

Inmate Name: Gross, Jeffrey Name Number: 85988 Cell: E-16

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Overcrowding with prisoners sleeping on the floor. They don't even give them plastic "slack a bunks" when they are available. General filth! Drains do not get cleaned out and they are breeding some kind of flying insect that I've never seen before. Recreation yard is too small for everyone to have an hour of outdoor recreation a day. There is so much saliva on the walls and floors in the recreation area you don't dare touch anything. The officers even let their dogs out there to piss on the walls and floor. The showers have mold. The shower floors are cracked and hold stagnate water. The metal screens above the showers are rusting. The jumpsuits are garbage. Many of them have been mended to the point of ridiculousness. The towels and jumpsuits still smell of body odor after being laundered. There are no rules posted and no handbooks are passed out to the new guys. Inmate safety is an issue because they don't segregate the different gangs or the guys with sex offenses so inmates are getting "strong armed" or intimidated and physically abused by others. They keep it as one big melting pot of inmates where the tension is always high and volitile. No access to the Law Library! No smoke detectors. I was punished by being put into isolation room with no water or bathroom facilities. The worst thing about this jail is the deplorable filth that we live in.

Action Requested: The inmates don't clean as good as they need to. I'm afraid of contracting something in here that would give me a death sentence as opposed to the incarceration I was sentenced to.

Shift Supervisor Review

Decision:

Supervisor Signature: Date:

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: Date:

Administrative Review

Decision: Thankyou we are aware of some physical maintenance issues Please ask Deputies to put in maintenance Requests. You can get a Handbook from a Deputy. In the future one issue per Grievance.

Administrator Signature: Craig L Hanson 5206 Date: 12/18/08 1640

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: Jeffrey Gross Date: 12/18/08

EXHIBIT
tabbies
Grieu 9

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [signature] 1056 hrs

Deputy Printed Name, Badge #, Date: Lt Kurt Turner 5316 03/31/09

Inmate Name: Martin, Pedro Name Number: 65572 Cell: C-6

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Since Ive been incarcerated the sanitation issuse has been brought up Many times. Even with janitors the pods still look and feel unclean since my stay the same issuse has been brought up in the several pods Ive been. Im very concern and view this a health risk from a unclean environment. I dont believe this issuse has to continue to be brought up To your quick attention. I think this matter should be resolved as quickly as possible. please.

Action Requested: To have a better effort and materials from the jail to provide a safer and clean environment Thank You

Shift Supervisor Review

Decision:

Supervisor Signature: Date:

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: Date:

Administrative Review

Decision: Mr Martin you may receive and use cleaning supplies on your free out.

Administrator Signature: Craig L Hanson Craig L Hanson Date: 031009

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: [signature] Date: 31/09

CANYON COUNTY JAIL DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) _____

Deputy Printed Name, Badge #, Date: _____

Inmate Name: Martin, Pedro Name Number: 85572 Cell: C-16

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Since Ive bin incarcerated the sanitation issuse has bin brought up many times. Even with janitors the pods still look and feel dirty. Since my stay I've bin in several units and the same issue has arised. Alot of faucets or caked with grime or dirt of some kind. The drains dont work very well. Mop heads we are given is used for a whole week or more without being changed. When we are assigned matresses they are not properly cleaned.
I view this as very serious to our environment and we shouldnt have to live in these conditions. Its like a dog kennel. Just because weve made mistakes shouldnt mean we should be treated like dogs.

THIS IS ONE ISSUSE
SANITATION

Action Requested: For this issuse to be fixed and not ignored. To help create a cleaner environments please. Have Someone talk to me

Shift Supervisor Review

Decision: One issue per grievance please.

Supervisor Signature: Cpl Dale Stafford 5209 Date: 03/04/09

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: _____ Date: 3/4/09

Administrative Review

Decision: _____

Administrator Signature: _____ Date: _____

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: _____ Date: _____

EXHIBIT
tabbies Grieu 10

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) Casey Richmond 5331
Deputy Printed Name, Badge #, Date: 2-25-09 2255 hours

Inmate Name: Jabra McGinnis Name Number: 42569 Cell: L 6

Status (circle one) Sentenced — Unsentenced Federal State

Description of Grievance: Due to the problems I have suffered and problems I've seen others suffer since entering this Jail I Belive I am at great risk of getting very sick or injured Becuz of the Dangerous and unhealthy condions in this Jail.

Inadequate Sanitation shower and toilet areas

Mold on floor ceiling walls inside showers

Action Requested: conditions be fix immediately

Shift Supervisor Review

Decision: Maintenance is aware of this issue.

Supervisor Signature: [signature] 5331 Date: 2/26/09 0820

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: [signature] Date: 2690

Administrative Review

Decision: Above answer correct. Also, feel free to make use of available cleaning supplies to rectify the situation

Administrator Signature: Lt. Tami Faulhaber 5316 Date: 2-27-09 @ 0943

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Received cleaning supplies Date: 2-27-09

EXHIBIT
tabbies
Griev 11

ADA GRIEVANCE FORM
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) _____

Deputy Printed Name, Badge #, Date: D. Elliott 5343 12/17/08

Inmate Name: TreFren, Derek Name Number: 249136 Cell: E-14

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Health & Safety issues:

The cleaning done by Tier janitors is unsatisfactory and no cleaners or equipment is made available to individuals who wish to try and make there living space clean and sanitary. This jail is a breeding of viruses and bacteria. There are multiple of multiple types growing on the walls. I personaly live on what I believe to be the cleanest tier in the jail and there are insects breading in the stagnant water in the bathroom from the aforesaid floor drains and cracked floor seals. People walk through these bacteria infested areas then track it all over our eating and sleeping area.

Action Requested: This is only one of the issues I feel needs to be resolved. More to follow

Shift Supervisor Review

Decision: _____

Supervisor Signature: _____ Date: _____

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: _____ Date: _____

Administrative Review

Decision: Thank you we are aware of some physical maintenance issues. Please ask Grievance to put in maintenance Request. You can get a Handbook from a deputy. In the future one issue per Grievance

Administrator Signature: Craig L Hanson Craig L Hanson 5206 Date: 121808 1640

Inmate:

This decision is acceptable to me: YES NO

Inmate Signature: _____ Date: 12/17/09

EXHIBIT
tabbies
Grieu 12

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) Travis Lowder

Deputy Printed Name, Badge #, Date: Travis Lowder 305 3/5/09

Inmate Name: Amanda Davis Name Number: E10811 Cell: H-12

Status (circle one) (Sentenced) Unsentenced Federal State

Description of Grievance: Im Grieving about the plumming in my pod that we have continuesly asked to fixed, like our shower leaks and our celining has been leaking above our table that we have to eat at and some of our cells do not have cold or hot water, so Im asking for them to be fixed.

Action Requested:

Shift Supervisor Review

Decision: IF ANY ISSUES EXIST IN YOUR LIVING UNIT, SHOW THE HOUSING DEPUTY SO THEY MAY ADDRESS IT THROUGH OUR MAINTENANCE DEPARTMENT.

Supervisor Signature: C. D. 5294 C. D. Davis Date: 3-5-09 1915

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3-6-09

Administrative Review

Decision: Above answer Correct.

Administrator Signature: Lt. Tami Faulkner 5816 Date: 3-6-09 @1243

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3/10/09

EXHIBIT
tabbies
Griev 13

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [signature]

Deputy Printed Name, Badge #, Date: Cpl. Jackman 5331 / 2-25-09 2362

Inmate Name: Sabra McGinnis Name Number: 42589 Cell: L-6

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Due to the problems I have suffered and problems I've seen other prisoners suffer since entering this Jail I believe I am at great risk of getting very sick or injured because of the dangerous and unhealthy conditions of this Jail.

Plumbing Drains in Showers and on Floors

Action Requested: Be fix immediately

Shift Supervisor Review

Decision: Maintenance is aware of this issue.

Supervisor Signature: Sgt. Jones, Moore 5337 Date: 2/26/09 0422

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: [signature] Date: 2 6 09

Administrative Review

Decision: Above Answer Correct

Administrator Signature: Lt. Tami Faulhaber 5296 Date: 2-27-09 @ 943

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: Its beyond Cleaning today Date: 2-27-09

EXHIBIT tabbies Griev 14

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) _____

Deputy Printed Name, Badge #, Date: _____

Inmate Name: Martin Pedro Name Number: 55572 Cell: C-6

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: The plumbing in the jail is inadequate and the conditions are poor. My sink leaks and others. Some sinks dont work or they stay on for awhile. The sinks are crusted with rust or grime and no matter what I do I cant get mine off. The toilets dont flush right or flush for awhile then shut off. The showers dont work properly its either really hot or cold sometimes just cold at all of the time. Drains dont work.

Action Requested: For the plumbing problems to be fixed and clean properly.

Shift Supervisor Review

Decision: You were told to speak to the pod deputy on the specifics so that they can fill out maintenance requests.

Supervisor Signature: Cpl. Jeanne Spina / Cpl. Spina 5518 Date: 3/6/09 1633

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: [signature] Date: 3-6-09

Administrative Review

Decision: Above answer correct.

Administrator Signature: Lt. Tami Faulhaber 5516 Date: 3/6/09 @ 1220

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: [signature] Date: 3/6/09

EXHIBIT tabbies Griev 15

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) _____

Deputy Printed Name, Badge #, Date: Eric Greave 5566 3/4/09

Inmate Name: ALISHA BAKER Name Number: 102573 Cell: J2

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance:

THIS JAIL NEEDS EQUIPMENT FOR AEROBIC AND WEIGHTS FOR LARGE MUSCLE ACTIVITY. I USED TO WORKOUT 3-5 DAYS A WEEK AND HAVENT BEEN ABLE TO EXCERSISE FOR ALMOST FOUR MONTHS NOW DUE TO BEING HELD HERE AT C.C.D.C

Action Requested: WEIGHTS AND AEROBIC EQUIPMENT ADDED FOR REC.

Shift Supervisor Review

Decision: We are not required to provide equipment for exercise. Weights and Aerobic equipment also lead to potential Security & Safety risks. Sufficient exercise can be done in outside recreation to hold a Healthy lifestyle without equipment.

Supervisor Signature: Eric Greave 5566 Date: 3/4/09

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: Alisha Baker Date: 3/4/09

Administrative Review

Decision: Above response correct.

Administrator Signature: Lt. Tami Faulhaber 5896 Date: 3-5-09 0840

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: Alisha Baker Date:

EXHIBIT
tabbies Griev 16

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) Travis Lawler

Deputy Printed Name, Badge #, Date: Travis Lawler 305 3/5/09

Inmate Name: Amanda Davis Name Number: 36811 Cell: H-12

Status (circle one) (Sentenced) Unsentenced Federal State

Description of Grievance: I am ~~a~~ complaining about how we do not get enough recreation time and when we do there is nothing to do all we get to do is walk around. We should be able to get some exercise equipment and we should be able to have more frequent access.

Action Requested:

Shift Supervisor Review

Decision: You have allotted 1 hour 2 times daily weather permitting. Fourteen is not a requirement for exercise (run, walk, jog, pushups, sit ups, etc)

Supervisor Signature: C D Phillips 5394 Date: 3-5-09 1834

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3/6/09

Administrative Review

Decision: Above answer correct. (Circling no before I even answer kind of negates the grievances.)

Administrator Signature: Lt. Tami Faulhaber 5396 Date: 3-6-09 @ 1246

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Amanda K Davis Date: 3/10/09

EXHIBIT
Griev 17

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [signature] 5362
Deputy Printed Name, Badge #, Date: Kelly Palmer 3/4/09 1800

Inmate Name: Canada Misty Name Number: 259557 Cell: 3-C-8

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance: Recreation areas and access are not of appropriate accommodations. The area is too small for the amount of inmates (when full or overcrowded) there is walking abilities only. Theres no excersize abilities at all. We've also been placed with unsanitary conditions in the recreation area as we've often had to share the space with animals! While they've been in the area and mossing in the area at night, we've had some messes to share our time with! This is not sanitary nor is it appropriate

Action Requested: Provide us with hand balls, hacky sacks or other items that could be of benefit to us with excersizing of some manners. Keep the animals out of our recreation area!

Shift Supervisor Review

Decision: Equipment is not allowed for safety & security reasons. You may go outside by yourself to allow more space to exercise. Not so according to most deputies as they agree with minor things like balls & hacky sacks.

Supervisor Signature: Cpl. Jeannie Simon / Cpl. Simon 5318 Date: 3.5.09/0714

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: [signature] Date: 3/5/09

Administrative Review

Decision: Above answer correct.

Administrator Signature: Lt. Tami Faulhaber 5286 Date: 3.6.09 @1200

Inmate:
This decision is acceptable to me: YES NO
Inmate Signature: [signature] Date: 3/7/09

EXHIBIT
tabbies Grieu 18

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

Form Received By Deputy (sign) [signature]
Deputy Printed Name, Badge #, Date: Eric Greene 5366 3/4/09

Inmate Name: ALISHA BAKER Name Number: 102573 Cell: J2

Status (circle one) Sentenced Unsentenced Federal State

Description of Grievance:

I WAS ALLOWED OUTDOOR REC ONCE IN A SIX WEEK PERIOD OF TIME. SOME EXCUSES WERE: OTHER INMATES WERE OUT THERE, MAINTENCE HAS THIER EQUIPMENT OUT THERE, ITS WET, THERE'S MATTS OUT THERE, ETC. WE'RE NOT ASKED IN UNIT IF WE WOULD LIKE TO GO OUTSIDE, WE HAVE TO ASK AND MOSTLY ALL WE HEAR ARE EXCUSES AS TO WHY WE CAN'T GET FRESH AIR, WE ARE ONLY ALLOWED OUT OF OUR CELLS 1-3 HOURS PER DAY, SINCE WE MOSTLY JUST HEAR EXCUSES, WE OFTEN GO DAYS/WEEKS WITHOUT OUTDOOR REC.

Action Requested: TO BE ALLOWED OUTDOOR REC MORE FREQUENTLY

Shift Supervisor Review

Decision: Due to Winter weather conditions, and as such concern for your health & well-being we are at the mercy of the weather

Supervisor Signature: Eric Greene [signature] 5366 2310 Date: 3/4/09

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Alisha Baker Date:

Administrative Review

Decision: With the coming of Spring, out door rec should be available more often.

Administrator Signature: Lt. Tami Faulhaber [signature] Date: 3-5-09 @ 1015

Inmate:
This decision is acceptable to me: YES (NO)
Inmate Signature: Alisha Baker Date:

EXHIBIT tabbies Griev 19

DALE G. HAILE DETENTION CENTER
INMATE GRIEVANCE FORM

outdoor Rec.

Form Received By Deputy (sign): [signature]

Deputy Printed Name, Badge #, Date: M. Pound 5362 3/6/09 1010

Inmate Name: Sabra Blalock McGinnis Name Number: 42589 Cell: C06

Status (circle one) Sentenced (Unsentenced) Federal State

Description of Grievance: I don't feel I am getting adequate rec. there is no equitment in exsersite cell

Action Requested: equitiment running space

Shift Supervisor Review

Decision: you have plenty of room to run while in the outdor rec area. Request more outside time, weather permitting. You're stated were not allowed to run. Sorry you were wrong once more

Supervisor Signature: Cpl. Jamie Simon/Cpl. Sara 5318 Date: 3-5-09/0711

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: [signature] Date: 3-5-09

Administrative Review

Decision: ~~Sorry~~ You're right. You're not allowed to run. You may walk laps & perform isometric exercises.

Administrator Signature: Lt. Tami Faulhaber 5216 Date: 3.6.09 @ 1225

Inmate:

This decision is acceptable to me: YES (NO)

Inmate Signature: [signature] Date: 3-6-09