

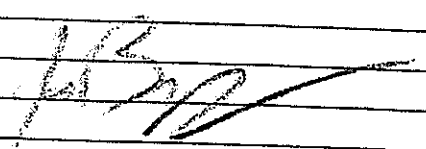
Fayette County Detention Center

Inmate Grievance Form

Inmate Name John Brager Date 10-1-12 Cell R-159 Pod

Federal Inmate # State (Tomb) # Local Inmate

I would like an explanation why is
it after 10 days in a cell 23.5 hours
a day, the only time I get to
use phone if lucky is after 9:00 PM
I need to have contact with my lawyer
and other people during business hours I
HAVE NOT BEEN CONTACTED AT ANY CRIME.



Date of reply: 10/2/12

Reply: Will get you out today to use the phone during the
day hours.

Signature of Eck

Printed name of John Brager



INMATE MEDICAL SERVICES GRIEVANCE FORM

This form is to be utilized by the inmate in filing a grievance against the medical staff and/or medical treatment received or not received. If the matter is not appropriate for a medical services grievance, a copy of this form will be returned to you marked NO ACTION REQUIRED. Once this form has been appropriately completed, please forward it to the medical staff through the correct channels. The medical staff will review all grievances, and take appropriate action to remedy the grievance. A copy will be given to the Jail Administrator so they are aware of the process and response as well.

Today's Date: 11-10-12 Facility Name/State: Fayette County TN

Inmate's Name: John Braggins Cell No./Location: Barking

ID # and/or S.S.#: _____

Description of Grievance:

Sleeping on a concrete floor for the past 48 hours is not helping my chest pains I need to be placed in a bed, I know it's not for observation there is time know and is -p in 13-400g at night if needed help.

Inmate Signature: _____ Date: 11-10-12

THIS IS HARSH + CRUEL PUNISHMENT FOR MY MEDICAL
CONDITION

TO BE COMPLETED BY MEDICAL STAFF ONLY: Date Received Grievance: 11/10/12

Received by Medical Staff Name: Stephanie Cochran

Action to be taken. Document appropriately. If no action needed, why?

Inmate moved to pod ASAP. — Stephanie Cochran

Medical Staff: Make 2 copies of the completed form. Keep the original in a folder in the medical office – labeled "Medical Services Grievances". Do NOT put grievances in the medical chart. Give a copy to the Jail Administrator for their records. Return the other copy to the inmate, if security allows. Otherwise, you can verbalize response to the inmate, documenting such on the original form, and then place that original form in your Medical Services Grievance file.

IF INMATE IS APPEALING MEDICAL RESPONSE TO ORIGINAL INMATE GRIEVANCE FORM: The inmate must respond on this original form by completed his/her reasons for disagreeing with the medical services response. Once completed, please forward it to the medical staff through the correct channels.

Inmate Signature: _____ Date: _____