FILED

2019 AUG 15 AM 11:24

CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
RIVERSIDE

BY

MAURICE CHARLES JENNINGS
FULL NAME

COMMITTED NAME (if different)

COLS BYRD DETENTION CENTER
FULL ADDRESS INCLUDING NAME OF INSTITUTION

30755-B AULD ROAD

MURRIETA, CA 92563
PRISON NUMBER (if applicable)

BK# 2019016321 CDC# AV1677

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

MAURICE CHARLES JENNINGS

PLAINTIFF,

v.

COUNTY OF RIVERSIDE, CHAD BIANCO, RIVERSIDE COUNTY SHERIFFS, COLS BYRD

DEFENDANT(S).

CASE NUMBER

EDCV19-01523 JFW(ADS)

To be supplied by the Clerk

CIVIL RIGHTS COMPLAINT PURSUANT TO *(Check one)*

☑ 42 U.S.C. § 1983

☐ Bivens v. Six Unknown Agents 403 U.S. 388 (1971)

A. PREVIOUS LAWSUITS

1. Have you brought any other lawsuits in a federal court while a prisoner: ☐ Yes ☑ No

2. If your answer to "1." is yes, how many? _____

Describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on an attached piece of paper using the same outline.)

LODGED

2019 AUG 13 PM 3:52

CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
RIVERSIDE

BY

a. Parties to this previous lawsuit:
Plaintiff _____

_____

Defendants _____

_____

b. Court _____

_____

c. Docket or case number _____

d. Name of judge to whom case was assigned _____

e. Disposition (For example: Was the case dismissed? If so, what was the basis for dismissal? Was it appealed? Is it still pending?) _____

f. Issues raised: _____

_____

_____

g. Approximate date of filing lawsuit: _____

h. Approximate date of disposition _____

B. EXHAUSTION OF ADMINISTRATIVE REMEDIES

1. Is there a grievance procedure available at the institution where the events relating to your current complaint occurred? ☑ Yes ☐ No

2. Have you filed a grievance concerning the facts relating to your current complaint? ☑ Yes ☐ No

If your answer is no, explain why not _____

_____

_____

3. Is the grievance procedure completed? ☑ Yes ☐ No

If your answer is no, explain why not COUNTY JAIL STAFF REFUSE TO ADEQUATELY RESPOND TO THEIR OWN DUE PROCESS GRIEVANCE PROCEDURE.

4. Please attach copies of papers related to the grievance procedure.

C. JURISDICTION

This complaint alleges that the civil rights of plaintiff MAURICE CHARLES JENNINGS
(print plaintiff's name)

who presently resides at 30755-B AVILO ROAD MURRIETA, CA 92563
(mailing address or place of confinement)

were violated by the actions of the defendant(s) named below, which actions were directed against plaintiff at

CAL BYRD DETENTION CENTER MURRIETA, CA 92563
(institution/city where violation occurred)

on (date or dates) 7-18-2017 (Claim I), 6-9-19 (Claim II), 1-11-19 TO 6-26-19 (Claim III).

NOTE: You need not name more than one defendant or allege more than one claim. If you are naming more than five (5) defendants, make a copy of this page to provide the information for additional defendants.

1. Defendant CHAD BIANCO (full name of first defendant) resides or works at
RIVERSIDE COUNTY SHERIFF'S DEPARTMENT. (full address of first defendant)
SHERIFF FOR RIVERSIDE COUNTY (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☑ individual ☑ official capacity.

Explain how this defendant was acting under color of law:
WORKING IN HIS CAPACITY AS SHERIFF OPERATING IN THE PERFORMANCE OF HIS OFFICIAL DUTIES AS A PEACE OFFICER UNDER THE COLOR OF LAW.

2. Defendant COUNTY OF RIVERSIDE BOARD OF SUPERVISORS (full name of first defendant) resides or works at
4080 LEMON STREET RIVERSIDE CA, 92502-1147 (full address of first defendant)
COUNTY SUPERVISING COMMITTEE (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☑ individual ☑ official capacity.

Explain how this defendant was acting under color of law:
ACTING IN THEIR DUTY WHILE OPERATING IN THE PERFORMANCE OF ITS OFFICIAL DUTIES SUPERVISING THOSE UNDER THE SCOPE OF ITS OPERATION/ UNDER THE COLOR OF LAW.

3. Defendant LOIS BYRD DETENTION CENTER (full name of first defendant) resides or works at
30755-B AUld ROAD MURRIETA CA 92563 (full address of first defendant)
RIVERSIDE COUNTY SHERIFF'S DETENTION CENTER (defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☑ individual ☑ official capacity.

Explain how this defendant was acting under color of law:
ACTING AS A QUALIFIED CORRECTIONAL OF THE RIVERSIDE SHERIFF DEPT. OPERATING AS A REHABILITATION/DETENTION CENTER UNDER THE COLOR OF LAW.

4. Defendant WOODLAND #2589 resides or works at
(full name of first defendant)
30755-B MUD ROAD MURRIETA, CA 92563
(full address of first defendant)
RIVERSIDE COUNTY SHERIFF SERGEANT
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☑ individual ☑ official capacity.

Explain how this defendant was acting under color of law:
HE WAS WORKING AT THE CCS 33RD DETENTION CENTER AS SUPERVISING SHIFT SERGEANT IN HIS CAPACITY AS A PEACE OFFICER UNDER THE COLOR OF LAW.

5. Defendant MARTIN resides or works at
(full name of first defendant)
30755-B MUD ROAD MURRIETA, CA 92563
(full address of first defendant)
SHERIFFS DEPUTY FOR RIVERSIDE COUNTY
(defendant's position and title, if any)

The defendant is sued in his/her (Check one or both): ☑ individual ☑ official capacity.

Explain how this defendant was acting under color of law:
WORKING AT THE CCS 33RD DETENTION CENTER IN HIS CAPACITY AS A PEACE OFFICER UNDER THE COLOR OF THE LAW.

D. CLAIMS*

CLAIM I

The following civil right has been violated:

8th Amendment right, protection against Cruel and unusual punishment: Deliberate indifference towards medical needs. conditions of confinement denial of effective medical care.
1st Amendment retaliation for [illegible] 1st Amendment.

Supporting Facts: Include all facts you consider important. State the facts clearly, in your own words, and without citing legal authority or argument. Be certain you describe, in separately numbered paragraphs, exactly what each DEFENDANT (by name) did to violate your right.

1.) On 5-2-17, 5-4-17, 7-28-17 I filed grievances regarding need for orthopedic shoes due to foot and back pain, and ankle bone fractures.
2.) I was completely ignored by jail and medical staff although they were fully aware of my medical concerns through grievances. DR ROSELYN, Lupe, LT Dashier with malicious intent denied me effective medical treatment.
3.) On 7-18-17 due to a denial of medical treatment and 2 months of denied grievances, my foot was broken while at the Cois Byrd detention center.
4.) I filed a claim with Riverside County board of supervisors who denied my claim prejudicially without a evidentiary hearing or thorough investigation.
5.) On May 6, 2018 I underwent surgery to repair fracture of foot causing significant pain
6.) I have a titanium screw inside my bone that causes significant pain that must be removed.
7.) Riverside board of supervisors, Riverside sheriff dept, Cois Byrd Det. Ctr., DR. ROSELYN, Lupe and LT. Dashier failure to supervise, train and provide medical treatment were negligent as the denial of treatment fell below standards of decency demonstrating deliberate indifference to my medical needs and are a substantial factor in my injury.

*If there is more than one claim, describe the additional claim(s) on another attached piece of paper using the same outline.

P. 2 of 2 (Claim 1)

- Continued -

Supporting facts:

8.) On Jan. 11 2019 I was booked into CDCR BTMU detention from state prison. I was remanded by the Superior Court of California County of Riverside.

9.) I was remanded to appear regarding the civil litigation complaint that was timely filed regarding the above claims.

10.) I've been retaliated against and harassed since my arrival at CDCR BTMU detention center. I was denied programs upon union & filed grievances. I was then continuously moved from cell to cell within the facility. I was denied access to the restroom, the removed from the single program for being framed to sex / arsenal. I was then accused of indecent exposure - a sex crime for being denied access to the restroom. Finally the CDCR BTMU maliciously with mal-intent placed on its website that I was convicted with child molestation knowingly knowing my life is in danger in order to harass me and retaliate for the litigation against them. The continuous harassment is a cruel & malicious tool used to discourage the exercise of my 1st Amendment and violates my 1st Amendment.

EH72

8/3/2017 1:34:13 PM Pacific Daylight Time

County of Riverside
4000 Orange St.
Riverside, CA 92501

Patient:	JENNINGS, MAURICE CHARLES	**#:**	201711809	**Lang:**	
DOB:	4/17/1979 (Age=38)	**Sex:**	M	**Race:**	B
Housing:	SWC-EH72-EH72	**Court Date:**		**Type:**	
Status:	ACTIVE	**Booking Date:**	3/27/2017 11:50:00 AM Pacific Daylight Time	**Release:**	

Grievance

Date Of Grievance:	Date Received:	Date of Response:	
8/1/2017	8/3/2017	8/3/2017	Closed

Grievance Types:

Dissatisfied with quality of medical care

Description:

Inmate claims he has not been given any pain medications since his ankle was injured on 7/18/17.

Response:

Pain medication has been ordered for inmate Jennings from the date of injury and is currently still available to him twice per day.

All treatments, diagnostic studies, specialty clinic referrals, and medications are ordered at the discretion of the Jail MD.

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

7/21/17

☐ **Blythe Jail** ☐ **Indio Jail** ☐ **RPDC** ☐ **SCF** ☑ **SWDC**

From ***(Departe De)***: JENNINGS, MARIE (Name (Last, First, Middle) / *(Apellido, Nombre, Segundo Nombre)*) | 2017118097 (Booking Number / *(Número de Preso)*) | 7-28-17 (Date / *(Fecha)*)

Grievance is about *(Queja)*: ☐ Jail Procedures *(Procedimientos de la Cárcel)* ☐ Jail Conditions *(Condiciones de la Cárcel)*

☐ Jail Staff *(Personal de la Carcel)* ☑ Medical *(Medico)* ☐ Mental Health *(Salud Mental)*

☐ Commissary *(Comisario)* ☐ Other *(Otra Queja)* _____

Date and time of incident *(Fecha y Hora de el Incidente)*: 7-15-17 7:30 am approx.

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.*)
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

On the above date and time during recreation time my foot was broken due to lack of soft shoe chrono and adequate medical care by medical staff. I informed medical staff several times regarding issues with my foot and ankle and had filed grievances dated 5-4-17 and received responses by P.O. Beshear 5-22-17 denying my issues of complaints of pain due to lack of soft shoes and ankle support but my requests were not taken seriously by medical staff. I've had x-rays but to this day I was denied soft shoes. After I broke my foot I still was denied proper medical attention and was left on the rec yard over an hour after falling to the staff observing the severity of my broken foot but only after I was ignored and left to suffer from the lack of proper medical attention towards my medical needs. As of 7-28-17 I am still being denied pain medication and the necessary chronos to keep the swelling down on my broken foot with deputies instead of assisting the medical needs of inmates. Because we are inmates our medical needs are neglected due to a lack of concern or compassion by medical personnel. We are treated as sub-human & left to suffer pain and neglect at the hands of the medical staff.

Received by: Control and Maintenance towards any medical needs. As of 7-28-17 I am still being (Employee Name and ID number) (Date) (Time)

Recommendations / Resolution: Sir/Ma'am, "the closest bone" to foot scan is a substantial amount of time

Supervisor: _____ (Supervisor Name and ID number) 8/1/17 (Date) 1314 (Time)

Supervisor Findings:

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

_____ (Inmate Signature) 8/8/17 (Date) _____ (Reviewing Deputy) N4734 (ID Number)

-Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings-
(Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 03/15/14)

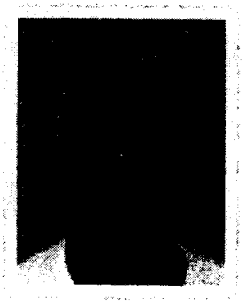
EH88

County of Riverside

4000 Orange St.

Riverside, CA 92501

5/4/2017 1:49:53 PM Pacific Daylight Time

Patient:	JENNINGS, MAURICE CHARLES	**#:**	201711809	**Lang:**		
DOB:	4/17/1979 (Age=38)	**Sex:**	M	**Race:**	B	
Housing:	SWC-EH88-EH88	**Court Date:**		**Type:**		
Status:	ACTIVE	**Booking Date:**	3/27/2017 11:50:00 AM Pacific Daylight Time	**Release:**		

Grievance

Date Of Grievance:	Date Received:	Date of Response:	
5/2/2017	5/3/2017	5/4/2017	Closed

Grievance Types:

Dissatisfied with quality of medical care

Description:

Mr. Jennings submitted a grievance re: treatment of his pain and deducting funds from my trust account.

Response:

Medications and treatments are at the discretion of the Health Care Providers. Co-pays are appropriate per the RSO policy as noted in the Inmate Orientation handbook pg. 12.

Appeal

E-4-72

Maurice Lemmings #2071185

I AM APPEALING THE GRIEVANCE DATED 8-1-17 ON WHICH I REC'VD A RESPONSE ON 8-9-17 DUE TO BEING OUT TO THE HOSPITAL ON 8-4-17. I AM APPEALING THE RESPONSE TO THE GRIEVANCE BECAUSE IT FAILED TO ACKNOWLEDGE MY INITIAL COMPLAINT; THAT IF I HAD'NT BEEN DENIED SOFT SHOES BY MEDICAL STAFF MY FOOT WOULD NOT HAVE BEEN BROKEN. I FILED AN GRIEVANCE 5-4-17 IN REGARD TO THE UNSATISFACTORY MEDICAL TREATMENT AND DENIAL OF SOFT SHOES DUE TO PAIN IN MY FEET, ANKLES AND BACK, BUT I WAS NOT TAKEN SERIOUS AND TREATED AS A NUISANCE AND MOCKED BY MEDICAL STAFF. TWO MONTHS AFTER MY REQUESTS, GRIEVANCES AND APPEALS WERE IGNORED AND NOT TAKEN SERIOUSLY, MY FOOT WAS BROKEN CAUSING SIGNIFICANT PAIN AND SUFFERING. FURTHERMORE, AFTER I BROKE MY FOOT, THE MEDICAL STAFF FAILED TO PROPERLY DRESS THE SPLINT ON MY BROKEN FOOT AND FAILED TO PROVIDE ME WITH ANY PAIN MEDICATION FOR TWO WEEKS AFTER THE DATE OF INJURY. FINALLY, ON THE DAY OF THE INJURY TO MY FOOT I ALERTED STAFF AND MEDICAL STAFF ABOUT THE INJURY TO MY FOOT AND I WAS LEFT UNASSISTED WITH THE PAIN OF MY BROKEN FOOT ON THE RECREATION YARD FOR OVER AN HOUR. I WAS THEN FORCED TO HOP ON ONE LEG WITHOUT ASSISTANCE OF MEDICAL STAFF TO THEIR OFFICE SEVERAL YARDS AWAY WITHOUT A WHEEL CHAIR. MEDICAL STAFF OBSERVED ME TWICE ON THE YARD AFTER I INJURED THEM OF MY BROKEN FOOT BUT THEY FAILED TO DEMONSTRATE A SENSE OF CONCERN OR URGENCY REGARDING MY MEDICAL NEEDS. I MAY STILL REQUIRE SURGERY TO REPAIR THE DAMAGE TO MY FOOT AND I STILL AM DENIED SOFT [illegible]

Janice Jennings
#2017111809
EH88

Appeal to Grievance

Grievance Response dated: 5-4-17

I filed a grievance in regard to the inadequate quality of medical and mental health services I received from the medical staff. They failed to take my issues seriously denying me sick slips and proper pain medication. I filled out medical requests on the same issues and was charged for each form up appointment. None of my issues were addressed until the X-ray of my back showed I have spinal bifida, until then my complaints were not taken seriously causing me to fill out requests for the same pain issues. It is against RSD policy to charge for follow ups. I am entitled a refund of my trust account deductions for co pays charged for follow ups.

P. 1 of 2 Claim II

THE FOLLOWING CIVIL RIGHT HAS BEEN VIOLATED:
1st Amendment retaliation Claim,
8th Amendment Cruel and unusual punishment, deliberate Indifference.
4th & 5th AMENDMENT DENIAL OF DUE PROCESS RIGHTS.

Supporting Facts: 1.) On 6-9-19 IN E-POD DAYROOM AT 10:30-10:45 pm I WAS RETALIATED AGAINST FOR EXERCISING MY 1st AMENDMENT BY OFFICERS MARTIN AND MITCHELL. FOR FILING COMPLAINTS REGARDING OFFICER MISCONDUCT AND NEGLIGENCE. 2.) AFTER SPENDING SEVERAL MINUTES IN THE DAYROOM I REQUESTED ENTRY TO MY CELL TO USE THE RESTROOM BECAUSE THERE ARE NO TOILETS IN THE DAYROOM. I SPOKE FOR SEVERAL MINUTES TO OFFICERS USING THE INTERCOM IN THE DAYROOM ASKING "THAT I PLEASE USE THE RESTROOM, IT'S AN EMERGENCY" OFFICERS MARTIN, MITCHELL STATED "ARE YOU STILL THERE?" "WAIT 40 MINUTES THEN I'LL OPEN THE DOORS." I THEN INFORMED HIM THAT "I HAVE SERIOUS STOMACH ISSUES" HE RESPONDED WITH: "WE ALL HAVE STOMACH ISSUES." I WAS THEN FORCED TO SOIL MYSELF IN THE DAYROOM AFTER PLACING NEWSPAPER ON THE FLOOR. I FILED GRIEVANCES TO SGT WOODLAND AND CPT ANNE BUT THE OFFICIALS FAILED TO ACKNOWLEDGE ANY MISCONDUCT BY THEIR OFFICER AND THE IMPLEMENTATION OF UNCONSTITUTIONAL POLICY. THE RESPONSE TO THE GRIEVANCES AND APPEALS INTENTIONALLY MINIMIZED AND JUSTIFIED THE MALICIOUS CRUEL CONDUCT OF OFFICERS MARTIN, MITCHELL, THEN FAILED TO RESPOND TO MY APPEALS VIOLATING MY DUE PROCESS RIGHTS. 3.) CPT. ANNE, SGT. WOODLAND, CHAD BIANCO, LOIS BYRD DET. CTR., RIVERSIDE BOARD OF SUPERVISORS FAIL TO PROPERLY, TRAIN, SUPERVISE, IMPLEMENT CONSTITUTIONAL POLICY WITH OFFICERS WORKING UNDER THE SCOPE OF THEIR JOB DUTIES UNDER THE COLOR OF THE LAW. THE KNOWINGLY MALICIOUS DENIAL OF THE RESTROOM CONSTITUTE: DELIBERATE INDIFFERENCE CRUEL AND UNUSUAL WANTON INFLICTION OF INJURY.

Claim II

- Continued -

Supporting facts:

4.) It is further alleged that that (on June, Sgt Woodland denied me procedural due process rights by failing to respond to their own Grievance procedures, losing and ignoring the Grievance and appeals. This intentional denial is a willful/ malicious practice intended to obscure the misconduct of officers in the Riverside Sheriffs Dept in order to perpetuate an atmosphere of violence, abuse and officer misconduct.

5.) The County of Riverside Board of Supervisors: Kecia Harper, Maxinah Lumanauw, Does 1-5 arbitrary denial of my emails and grievances while refusing to thoroughly investigate constitutes "subjective recklessness and satisfies the cruel and unusual punishment requirement as their refusal to address the claims brought against the Riverside County Sheriffs Dept. They perpetuate and aid and abet in the misconduct demonstrated by the officers acting under the color of the law.

Cell # [illegible]

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From ***(Departe De)***: Hernandez, Eduardo | 2018en321 | 6-2-19

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* Refusal to shower in the Tanks.

Date and time of incident *(Fecha y Hora de el Incidente)*: 6-2-19 at 1250 hrs ish

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.*)
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

During Breakfast around 1145 hrs Medical Assistant [illegible] and Officer Ramirez I were passing out medications. I was told by Officer Ramirez I could use the restroom I asked Officer Medina and was denied and continued. Medical Assistant [illegible] and I have a serious medical condition. I asked Officer Medina to use the restroom in the shower of the Dayroom Medication cart. Officer Medina refused as an attempt of humiliation and degradation. [illegible]

Inmate Signature: [redacted]

Received by: Woodland T 2579 | 6/10/19 | [illegible]

Employee Name and ID number | Date | Time

Recommendations / Resolution:

Inmate class deputies will not allow him in his cell to use the restroom.

Supervisor: _____ | _____ | _____

Supervisor Name and ID number | Date | Time

Supervisor Findings:

Class orientation video reviewed. Medical staff has no record of inmate complaining of IBS. I explained dayroom policy to the inmate, who ultimately admitted he was trying to get the deputy's attention. The inmate did not agree with my findings.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

REFUSE | _____ | Woodland T | 2579

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guía de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

Cell # [redacted]

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐**Blythe Jail** ☐**Indio Jail** ☐**RPDC** ☐ **SCF** ☑**CBDC**

From ***(Departe De)***: [redacted] [redacted] 6-11-19

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☐Jail Procedures *(Procedimientos de la Cárcel)* ☑Jail Conditions *(Condiciones de la Cárcel)*

☐Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* [redacted]

Date and time of incident *(Fecha y Hora de el Incidente)*: [redacted]

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

[redacted]

Inmate Signature: [redacted]

Received by: _____ _____ _____

Employee Name and ID number | Date | Time

Recommendations / Resolution:

_____

_____

_____

_____

Supervisor: _____ _____ _____

Supervisor Name and ID number | Date | Time

Supervisor Findings:

_____

_____

_____

_____

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

_____ _____ _____ _____

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

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RSD Form 559 (Rev. 06/06/18)

Cell # E 1-13

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From ***(Departe De)***: [illegible] | 2017[illegible]321 | 6-22-17

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☑Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* [illegible]

Date and time of incident *(Fecha y Hora de el Incidente)*: 6-9-17 6 10:30 10:45 pm & Y [illegible].

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

I'm appealing the appeal grievance that I was never responded to me: denial of access to research ist to prepare motions, the inadequate information and assistance officers provided me regarding my rights MARTIN AND MITCHELL BY SUBMITTING A KITE REQUEST SEVERAL TIMES TO LEGAL OFFICERS REGARDING MY LEGAL MATTERS AND THE OFFICERS NEGLECTED TO RESPOND TO MY REQUEST. I WAS DENIED ACCESS TO MY RESEARCH FORUM AND SAID MY CASE WAS DISMISSED AND THAT I HAVE NO LEGAL MATTERS PENDING. AND TO BE HONEST I DON'T KNOW.

Inmate Signature: [signature]

Received by: _____ _____ _____

Employee Name and ID number | Date | Time

Recommendations / Resolution:

- Appeal received 6/22/17. Forwarded to C.Lt. Rodriguez with supervisor memo.

Supervisor: Woodward, J 2589 | 6/22/17 | _____

Supervisor Name and ID number | Date | Time

Supervisor Findings:

See attached memo.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

[signature] | 7-19-17 | Woodward, J | 2589

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

Cell # [illegible]

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

1 of 2

☐ **Blythe Jail** ☐ **Indio Jail** ☐ **RPDC** ☐ **SCF** ☑ **CBDC**

From *(Departe De)*: [illegible] [illegible] [illegible]

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑ Jail Procedures *(Procedimientos de la Cárcel)* ☑ Jail Conditions *(Condiciones de la Cárcel)*

☑ Jail Staff *(Personal de la Carcel)* ☐ Medical *(Medico)* ☐ Mental Health *(Salud Mental)*

☑ Other *(Otra Queja)*: [illegible]

Date and time of incident *(Fecha y Hora de el Incidente)*: [illegible]

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.*)
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

[illegible]

Inmate Signature: [illegible]

Received by: _____ _____ _____

Employee Name and ID number | Date | Time

Recommendations / Resolution:

[illegible]

Supervisor: _____ _____ _____

Supervisor Name and ID number | Date | Time

Supervisor Findings:

_____

_____

_____

_____

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

_____ _____ _____ _____

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

COIS BYRD DETENTION CENTER
30755–B Auld Road, Murrieta, CA 92563 (951) 696-3111

Memorandum

To: Inmate Jennings, Maurice #201901321 **Date:** 07/14/19

From: Correctional Lieutenant Rodriguez

Reference: Grievance Appeal

Inmate Jennings,

I reviewed the grievance appeal you submitted to staff on or about 06/22/19, regarding denial to use the restroom, and cruel and inhumane treatment. In addition, I reviewed the original grievance dated 06/11/19, and the response with which you were provided.

As you are aware, the Riverside County jail system has rules and regulations in place to ensure safety. One of the procedures is to close all cell doors once inmates step out of their cell for dayroom time. This is done to protect inmates and lessen the probability of assaults.

I reviewed video of the date and time you stated in your grievance (6/9/19). The cell doors were locked for approximately 11 minutes after dayroom started when you demanded to return to your cell. When you were told you could not enter your cell, you laid out newspaper on the floor in the middle of the dayroom, dropped your pants, and squatted as though you were defecting. The video showed you did not actually defecate. The cell door was opened for you and you returned to your cell.

I cite Justice William Brennan in *Furman v. Georgia*, 408 U.S. 238 (1972), who wrote, "There are four principles by which we may determine whether a particular punishment is 'cruel and unusual'." The test will ordinarily be a cumulative one: if a punishment is unusually severe, if there is a strong probability that it was inflicted arbitrarily, it is substantially rejected by contemporary society, and if there was no reason to believe that it served any penal purpose more effectively than some less severe punishment.

There is absolutely no evidence to suggest you have been subjected to any punishment, much less cruel and unusual punishment, nor is there anything to indicate staff have been deliberately indifferent to your medical needs.

Staff were unaware of your medical issues and busy with other tasks at the time of your request to reenter your cell. They allowed you back into your cell once they saw your need to use the

restroom was immediate. While I am sympathetic to the perceived discomfort you have experienced, I assure you the Riverside County Sheriff's Department is committed to your wellbeing. You are encouraged to see medical staff regarding your medical concern. I find there was no misconduct on behalf of staff.

I am satisfied your concern has been appropriately addressed and no further action is anticipated regarding to this grievance.

Sincerely,

~N4831

C. Lieutenant Rodriguez

P. 1 of 3 Claim III

THE FOLLOWING CIVIL RIGHT HAS BEEN VIOLATED:

1st Amendment violation; retaliation for exercising 1st Amendment. Violation to Constitutional right to access to Courts, denial of law library access opening legal mail outside of presence.

Supporting facts: 1.) on 1-11-19 I arrived at Cois Byrd Detention Center from state prison by court order to appear on a civil rights lawsuit against Cois Byrd Det Ctr.

2.) I was denied law library access for (5) months after several grievances and appeals in retaliation for my civil rights lawsuit. I was denied access to law library, hindering my ability to challenge my conviction and prepare for the civil litigation in which I am in pro-per.

3.) I wrote several grievances to Sgt Reed, Cpt Annie but my appeals were only occassionally responded to. The Cois Byrd failed to adhere to the court order by Judge Bernhude ordering reasonable access to the law library.

4.) The Cois Byrd Det. Ctr. Law library is insufficient as it consists of a often malfunctioning computer in a restroom. There are no access to printers, copies, forms needed for reasonable access to courts.

5.) Riverside County Board of Supervisors, Chad Bianco Captain Anne, Cois Byrd Detention Centers failure to supervise and ensure that the officers working

CLAIM III

CONTINUED

Supporting facts:

UNDER THE SCOPE OF THEIR DUTIES ARE PROVIDING ADEQUATE ACCESS TO THE COURTS DELIBERATELY NEGLIGENCE AND DELIBERATE INDIFFERENCE CRUEL AND UNUSUAL PUNISHMENT.

6.) THE SUPERVISORS WHO MANNED THE JAIL LAW LIBRARY OFFICE THAT IS EQUIPPED WITH A PHONE AND HAD BOOKS AND LITERATURE TO BE USED FOR MENTAL HEALTH MEETINGS AND STORAGE WHILE THE INMATE USERS ARE FORCED TO REMAIN LOCKED UP IN A RESTROOM WITH NO ACCESS TO PHONE, COPIES, FORMS, LEGAL MAIL DELIVERY OR LAW BOOKS AND LITERATURE. 7.) THIS MISMANAGEMENT AND FAILURE TO SUPERVISE JAIL STAFF BY CHIEF BIANCO, CAPTAIN, LOS BYRD DET CENTER AND THE RIVERSIDE COUNTY BOARD OF SUPERVISORS AS NEGLIGENT IN THEIR JOB DUTY. 8.) DELIBERATELY SUBJECTIVE RECKLESSNESS, NEGLIGENCE, AND CRUEL AND UNUSUAL PUNISHMENT. DELIBERATE INDIFFERENCE because their FAILURE TO PROPERLY SUPERVISE THE DAY TO DAY PRACTICES AND PROCEDURES OF THOSE UNDER THE SCOPE OF THEIR EMPLOYMENT, PERFORMING UNDER THE COLOR OF THE LAW. which is a SUBSTANTIAL FACTOR which CAUSED MY INJURY AND THE VIOLATIONS OF MY CIVIL RIGHTS.

CLAIM III
- Continued -

Supporting Facts:

9.) It is further alleged that the Riverside County Sheriff dept. officers working as part of the mailroom, Sgt Walker, Cpt Amie Deshaviously and with malicious intent continue to violate my 1st rights by continuously opening confidential legal mail outside of my presence.

10.) It is further alleged that the above named officers did this maliciously and in retaliation to read, withhold my legal mail due to the Civil litigation lawsuit against the dept.

11.) This retaliation is a violation of my 1st amendment to be free from retaliation for exercising my 1st amendment.

12.) I filed several grievances regarding this unconstitutional mailing but they were ignored as the practice continues.

13.) I complained to the board of Supervisors, the sheriff and the above named defendants but my Complaints, grievances were rejected, ignored and not treated seriously.

14.) This violation which served no penological interest in searching for contraband is a violation of my Constitutional rights. This violation has subjected me to substantial harm in timely responding to the litigation in which I am involved.

Cell # E-1-13

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: JENNINGS, MAURICE (Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)*) 20190132 1 (Booking Number *(Número de Preso)*) 7-12-19 (Date *(Fecha)*)

Grievance is about *(Queja)*: ☐Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* OPENING LEGAL MAIL OUTSIDE OF PRESENCE

Date and time of incident *(Fecha y Hora de el Incidente)*: FROM 1-11-19 - 6-28-19, 7-12-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

THE CDCS BTBD JAIL STAFF CONTINUE TO VIOLATE MY FIRST AMENDMENT RIGHT TO ACCESS BY INTENTIONALLY, MALICIOUSLY AND CONTINUOUSLY DESPITE PRIOR GRIEVANCES, UNLAWFULLY OPEN, INSPECT, READ AND WITHOLD MY CONFIDENTIAL LEGAL MAIL OUTSIDE MY PRESENCE. THE MAIL CLEARLY STATES CONFIDENTIAL ON THE ENVELOPE AND THE STATE OF CALIFORNIA SEAL. THE LEGAL MAIL POSED NO RISK OF HARM THEREFORE VIOLATING MY 1ST AMENDMENT RIGHTS UNDER TURNER; SEE: GREEN V. MCKASKLE; CHINN V. LEWIS; HALL V. WADE; BRIDGES V. GILBERT; THE CONTINUED DISREGARD TO MY PRIVACY AND CONSTITUTIONAL RIGHTS IS UNACCEPTABLE AT THE RIVERSIDE COUNTY SHERIFF AND BOARD OF SUPERVISORS

Inmate Signature: _____

Received by: _____ (Employee Name and ID number) _____ (Date) _____ (Time)

AUNDERS N4616 171319 0755

Recommendations / Resolution: FAIL TO ADEQUATELY TRAIN AND SUPERVISE THOSE SERVING UNDER THE COLOR OF LAW CAUSING SUBSTANTIAL HARM AND VIOLATING DUE PROCESS/CONSTITUTIONAL RIGHTS.

FORWARDED TO MAIL ROOM FOR REVIEW

Supervisor: Sgt. Heller N3350 (Supervisor Name and ID number) 7/15/19 (Date) 0755 (Time)

Supervisor Findings:
ALL MAIL MUST CONFORM TO POLICY REGARDING LEGAL MAIL. SOME MAIL MIGHT BE MARKED "CONFIDENTIAL" BUT IS NOT LEGAL MAIL PER POLICY. ON THE ABOVE DATES. NOTED, YOU ONLY RECEIVED ONE LETTER FROM RN. SUP. CRT ON 7/11/19.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados) UNDER PROTEST

Inmate Signature at completion _____ 7/15/19 (Date) ANDERSON (Reviewing Deputy) N4757 (ID Number)

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

Cell # E-1-13

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: JENNINGS, LAURICE (Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)*) 2019001321 (Booking Number *(Número de Preso)*) 7-12-19 (Date *(Fecha)*)

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☐Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* OPENING LEGAL MAIL OUTSIDE OF PRESENCE

Date and time of incident *(Fecha y Hora de el Incidente)*: THRU 1-11-19 - 6-28-19, 7-12-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

THE RCJS BLYTHE JAIL STAFF CONTINUE TO VIOLATE MY FIRST AMENDMENT RIGHT TO ACCESS AT ANTICIPATORY ADVERSARY AND FORMULATE DESIRE PRIOR GRIEVANCES, UNLAWFULLY OPEN, INSPECT, READ AND WARNS MY CONFIDENTIAL LEGAL MAIL OUTSIDE MY PRESENCE. THE MAIL CLEARLY STATES CONFIDENTIAL ON THE ENVELOPE AND THE STATE OF CALIFORNIA STATUTE DEEMS LEGAL MAIL POSED NO RISK OF SAFETY INTERFERE WITH MY 1ST AMENDMENT RIGHTS UNDER TURNER V. SEE: GRAHAM V. MCKENZIE; CHONG V. LEWIS; WALL V. WADE; BERGER V. GOLDEN; THE CONDUCT ASSERTED TO MY PRIVACY AND CONSTITUTIONAL RIGHTS

Inmate Signature: [signature] (UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA)

Received by: _____ (Employee Name and ID number) _____ (Date) _____ (Time)

Recommendations / Resolution: THIS TO BE REQUESTED TRAIN AND SUPERVISOR THOSE SEEKING UNDER THE COLOR OF LAW OF VIOLATING SUBSTANTIAL RIGHTS UNDER THE UNITED AND FEDERAL CONSTITUTIONAL RIGHTS.

FORWARDED TO MAIL ROOM FOR REVIEW

Supervisor: _____ (Supervisor Name and ID number) _____ (Date) _____ (Time)

Supervisor Findings:
ALL MAIL MUST CONFORM TO POLICY REGARDING LEGAL MAIL. SOME MAIL MIGHT BE MARKED "CONFIDENTIAL" BUT IS NOT LEGAL MAIL PER POLICY. ON THE ABOVE DATES. NOTED, YOU ONLY RECEIVED ONE LETTER FROM ATTORNEY FILING.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados) UNDER PROTEST

[signature] (Inmate Signature at completion) 7/15/19 (Date) J. ANDERSON (Reviewing Deputy) 4477 (ID Number)

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

Cell # E-13

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: [illegible] | 2019[illegible] | 6-23-19

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* [illegible]

Date and time of incident *(Fecha y Hora de el Incidente)*: 6-23-19 @ [illegible]

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea específico(a). Utilice hojas adicionales si es necesario.)

[illegible]

Inmate Signature: [illegible]

Received by: [illegible] | [illegible] | [illegible]

Employee Name and ID number | Date | Time

Recommendations / Resolution:

[illegible]

Supervisor: _____ | _____ | _____

Supervisor Name and ID number | Date | Time

Supervisor Findings:

[illegible]

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

[illegible] | 7-1-19 | [illegible] | [illegible]

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

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Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

Right to access claim stated because law library access reduced to "non-existent" level and inability to prepare for hearing caused loss of custodial Credit time

Bear V. Kautzky (8th Cir. 2002)

CONSTITUTIONAL VIOLATION SHOWN ONLY WHEN FAILURE TO PROVIDE LEGAL ASSISTANCE OR LIBRARY CAUSES ACTUAL INJURY TO PRISONERS CONTEMPLATED OR EXISTING LITIGATION

SOWELL V. VOSE (1st Cir. 1991)

LEWIS V. CASEY (1996)

SERVING OUT CLAIMS

7-10-19

-LACK OF PROGRAM

-DENIAL of CAW LIBRARY

-OPENING / WITHHOLDING LEGAL MAIL

•DENIAL of ACCESS TO RESTROOM

FALSE CHARGES ON WEBSITE AND NEWS CONFERENCE

Cell # E-4-84

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From ***(Departe De)***: JENNINGS, MAURICE | 20190132I | 6-7-19

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☐Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* DENIAL OF ACCESS TO LAW LIBRARY REQUEST AND PER CURIAM COURT ORDER.

Date and time of incident *(Fecha y Hora de el Incidente)*: JAN-11-2019 THRU 6-7-19

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

I'VE BEEN CONTINUOUSLY DENIED ACCESS TO THE LAW LIBRARY DESPITE SEVERAL REQUEST. DUE TO A FAILURE OF THE CUS STAFF TO PROVIDE AN EFFECTIVE LAW LIBRARY REQUEST FORM THAT PROVIDES ACCESS TO JUDICIAL REQUESTS THE RIGHT TO ACCESS TO THE LAW LIBRARY IS ROUTINELY DENIED. I'VE BEEN IN THE PER SINCE PIT ARRIVAL ON JAN 11-2019 TO CUS STAFF AT CVC. AND HAVE BEEN DENIED ACCESS TO THE LAW LIBRARY (1) TIME. THIS IS FOR FRUSTRATING ACCESS AND CONSTITUTE DELIBERATE DENIAL OF PIT RIGHTS AND ABUSE OF AUTHORITY WHICH PROVIDES SUFFICIENT GROUNDS FOR FILING OF THIS CIVIL

Inmate Signature: _____

Received by: _____ | _____ | _____

Employee Name and ID number | Date | Time

Recommendations / Resolution:

Supervisor: _____ | _____ | _____

Supervisor Name and ID number | Date | Time

Supervisor Findings:

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

_____ | _____ | _____ | _____

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

APPEAL TO GRIEVANCE "WRITTEN"

Cell # E-4-84

6-7-19 RE: DENIAL OF ACCESS TO LAW LIBRARY

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐SCF ☑CBDC

From *(Departe De)*: JENNINGS MAURICE (Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)*) 20190321 (Booking Number *(Número de Preso)*) 6-8-19 (Date *(Fecha)*)

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* DENIAL OF ACCESS TO LAW LIBRARY THROUGH PRO PER W/COURT ORDER.

Date and time of incident *(Fecha y Hora de el Incidente)*: 1-11-19 THRU 6-8-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

I'M CONTINUING THAT SUPERVISOR IS NOT APPEAL AT 3RD AMENDMENT (3339) BECAUSE MY FINDINGS ARE UNCONSTITUTIONAL AND DEPRIVED ME FROM THE COURT RULES OF MY CONSTITUTIONAL (1) MY PRO PER, (CASE NO. MCL1801497 SUPERVISED RELEASE) I WAS ON 10 COUNT) FILING A WRIT OF HABEAS CORPUS AND MY PRO PER WITH TIME RESTRICTIONS (2) I HAVE FILED SEVERAL REQUEST FOR LAW THE INEFFECTIVE REQUEST PROCESS SAID REQUEST ARE ROUTINELY IGNORED LOST AND UNTIMELY (3) WITH NO EVIDENCE OF SUBMISSION WHICH PREJUDICE THE OUTCOME OF MY CASE (4) WHICH THE CONTINUOUS EMOTIONAL DISTRESS OF THE INJUSTICE PROCESS AND A REFUSAL TO RECEIVE ANSWER TO MY REQUEST WHICH HAS BEEN UNDER THE COLOR OF LAW AND INTENTIONAL WHICH THE SAME

Inmate Signature: _____

Received by: Woodland T 2579 (Employee Name and ID number) 6/8/19 (Date) 1900 (Time)

Recommendations / Resolution:

Appeal to grievance dated 6/7/19. Forwarded to C.L.t Bird for review and disposition.

Supervisor: Woodland T 2579 (Supervisor Name and ID number) 6/8/19 (Date) 1900 (Time)

Supervisor Findings:

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

Inmate Signature at completion _____ 6-21-19 (Date) _____ (Reviewing Deputy) _____ (ID Number)

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

HOLIDAY

45K BEGINNING

6-21-19

Cell # E-1-13

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: Jennings Laurice | 20190321 | 6-22-19

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☑Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* Denial of Hard Copy Legal

Date and time of incident *(Fecha y Hora de el Incidente)*: 6-7-19 - 6-22-19

Describe the reason for your grievance, in your own words. Please be specific. (*Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

DISAGREE WITH THE FINDINGS ON THE RESPONSE TO APPEAL 6-5-19 RECD 6-21-19 BY L.T. NEED AS THEY DO NOT ADDRESS THE GRIEVANCE AND JUST COPIED & PASTED THE RESPONSE THAT I DISAGREE WITH STATING I REFUSED AN OFFER TO BE LAW LIBRARY ON JUNE 20 2019 WAS NEVER OFFERED NOR DID I REFUSE ANY VISIT TO THE LAW LIBRARY ON 6-21-19 OR ANY OTHER DAY. REQUESTING TO BE ADDRESSED WITH MORE DETAILING THE E-MAIL THAT CONFIRMS THIS AS OFFERED. THE CONTINUED DENIAL OF MY RIGHTS AND THE FALSE REPORTING I REFUSED ONLY CONFIRMS THE OBSTRUCTIVENESS OF THE OFFICERS CONTINUED ABUSE OF THEIR POSITIONS

Inmate Signature: _____

Received by: T. Nuño 9416 | _____ Date 6-22-19 | Time 2040

Employee Name and ID number

Recommendations / Resolution:

Let Inmate File Kite for Grievance Review

Supervisor: _____ | _____ Date | _____ Time

Supervisor Name and ID number

Supervisor Findings:

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution:
White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

Cois Byrd Detention Center

MEMORANDUM

To: Inmate Jennings, Maurice #201901321 Date: 06/21/19

From: Correctional Lieutenant Reed

Re: Grievance Appeal

Inmate Jennings,

I have reviewed the grievance appeal you submitted dated 06/08/19, regarding your access to the law library and phone. I have investigated your complaint and have determined the following:

As previously provided to you, the Cois Byrd Detention Center (CBDC) has developed a schedule that offers "pro per" inmates priority access to the law library. You are not a "pro-per" inmate. Use of the law library is available as staffing permits and per Department policy. Please submit your requests to use the law library to CD Mills. On June 21, 2019, CD Mills offered you access to the law library, which you refused.

It appears you have been provided with reasonable access to the law library in compliance with Department policy, Title 15, the Penal Code, and court orders. No further action is anticipated regarding this grievance.

Sincerely,

Correctional Lieutenant Reed

RIVERSIDE COUNTY SHERIFF'S DEPARTMENT

Cois Byrd Detention Center

MEMORANDUM

To: Inmate Jennings, Maurice #201901321 Date: 06/26/19

From: Correctional Lieutenant Reed

Re: Grievance Appeal

Inmate Jennings,

I have reviewed the grievance appeal you submitted dated 06/22/19, regarding your access to the law library. I have further investigated your complaint and have determined the following:

As previously provided to you, the Cois Byrd Detention Center (CBDC) has developed a schedule that offers "pro per" inmates priority access to the law library. You **are** a "pro-per" inmate regarding a civil case. CD Mills has been advised of your status and will include you in the schedule to have access to the law library. On June 26, 2019, CD Mills provided you access to the law library.

It appears the discrepancy regarding your access to the law library has been resolved. No further action is anticipated regarding this grievance.

Sincerely,

Correctional Lieutenant Reed

p. 1 of 3 CLAIM VI

THE FOLLOWING CIVIL RIGHTS HAVE BEEN VIOLATED: 8th amendment Cruel and Unusual punishment; Denial of Rehabilitative programs. Right to equal protections, treatment. 8th amendment "deliberate indifference". 4th, 8th Amendment Due Process rights.

Supporting facts:

1.) I wrote grievances 1-29-19, 2-5-19, 2-11-19, 2-28-19 to officers Ward, Reed, Captain Anne and officer Northup regarding the lack of rehabilitative programs and vocational programs offered to inmates; especially inmates "classified" as protective Custody.

2.) The grievance written 2-11-19 was lost and I never received a response.

3.) I spoke to Sgt. Northup and he stated that due to the nature of my charges I dont qualify for programs. THE Inmates in general population have few programs and vocational training, yet inmates who remove themselves from general population to avoid racism politics, segregation and violence are denied programs and vocational

Claim VI
- Continued -

experience such as culinary, janitorial, maintenance, painting etc. The G.E.D. classroom is currently used for clerical positions by County of Riverside Sheriff staff denying inmates any substantial opportunities at rehabilitation, education or substance abuse treatment.

4.) The denial of rehabilitation and education at the CVS Byrd detention Center creates an environment of hostility and violence due to the lack of positive opportunities offered by the Riverside County Sheriffs dept. This denial is contrary to the mission statement of rehabilitation and constitutes cruel and unusual punishment as it promotes violence, recidivism, hopelessness and hinders positive growth and correction. County of riverside board of supervisors, Chad bianco, Sgt reed, Sgt northup, Cpt Anne, are fully aware of the lack of positive programs thereface demonstrating deliberate indifference to the well-being of inmates and the hostile environment perpetrated by their failure to train, supervise staff and provide policy that provides effective rehabilitative opportunities

P. 3 of 3

CLAIM VI
- Continued -

Supporting facts:

1.) It is further alleged that the Riverside County Sheriff Cois Byrd detention Center intentionally and with malicious intent in retaliation for exercising my 1st amendment.

2.) did willfully place on its website false convictions of sexual offenses on a minor.

3.) my wife informed me that others in the public contacted her and she informed me. This cruel form of retaliation places my safety at risk and constitutes cruel and unusual punishment deliberate indifference a violation of my 8th amendment rights.

4.) The failure by Riverside board of supervisors, Chad Bianco, Cpt Anne to properly supervise and train County Jail staff in Constitutional policy is negligent and demonstrates Cruel and unusual punishment which is a substantial factor in my injury and violations of my civil rights.

Maurice Jennings
BK# 20190321
Housing E-4-84

Appeal to Captain

RE: Grievance written 2-5-19 and appeal written 2-7-19

I filed a grievance 2-5-19 regarding the lack of any meaningful or effective educational, vocational, self-help, substance-abuse programs made readily available to sny/PC inmates. The laundry, kitchen, janitorial jobs are all held by general population custody inmates. which denies inmates who don't want to be subjected to the racist and divisive politics of that custody status any meaningful opportunities at programs or job experience. The denial of programs due to "custody level and charges" as stated by (programs) Deputy Ward: N5692 in the Supervisors findings, is to prejudicially and discriminatorily insinuate that "certain" inmates are denied opportunities for rehabilitation and programs. Furthermore the few programs that are available are only through mental health and have lengthy waiting list that make the programs unavailable and unaffective. I've waited for 2 months and am still waiting for a curriculum and/or response for programs. This has been standard routine since 2013 when I was first arrested. I filed an appeal and it was lost within the internally regulated grievance process. My complaint was trashed and considered frivolous. It's unfair to the offender who seeks and wants change for himself and the taxpayers, citizens and community to deny constructive and effective forms of rehabilitation within the Riverside County Sheriff's "Correctional" institution.

Cell # E-4-90

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: JENNINGS MAURICE EMILES (Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)*) 201901321 (Booking Number *(Número de Preso)*) 2-5-19 (Date *(Fecha)*)

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☑Jail Conditions *(Condiciones de la Cárcel)*

☐Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* LACK OF REHABILITATIVE PROGRAMS

Date and time of incident *(Fecha y Hora de el Incidente)*: NOV-2013 - PRESENT - 2-5-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

THE RIVERSIDE COUNTY "CORRECTIONAL" FACILITIES FAIL TO PROVIDE ANY MEANINGFUL OR EFFECTIVE REHABILITATIVE, EDUCATIONAL OR VOCATIONAL PROGRAMS. THE INMATE LOCKDOWN CREWS AND PROGRAMS PREJUDICIALLY EXCLUDE SNY "INMATES PERTAINING ANY FORM OF PRODUCTIVE OR CONSTRUCTIVE MEANS TOWARD REHABILITATION OR SELF-IMPROVEMENT. THE LACK OF POSITIVE PROGRAMMING CREATES AN ENVIRONMENT OF IDLE "DEAD-TIME" WHERE VIOLENCE, CRIMINAL ACTIVITY THRIVE. THE LACK OF POSITIVE PROGRAMS HINDER POSITIVE GROWTH AND DEVELOPMENT AND PERPETUATE CRIMINAL LIFESTYLES WHICH IS CONTRARY TO RIVERSIDE COUNTY CORRECTIONS PURPOSE AND STRUCTURAL CONNOTATION.

Inmate Signature: [redacted]

Received by: CSGT GLENN N5002 (Employee Name and ID number) 2/5/19 (Date) [illegible] (Time)

Recommendations / Resolution:

FORWARDED TO CD WARD (PROGRAMS)

Supervisor: _____ (Supervisor Name and ID number) _____ (Date) _____ (Time)

Supervisor Findings:

SPOKE WITH I/M JENNINGS, GED, VIRTUAL WELDING, JOB READINESS, AND GOALS/RSAT PROGRAMS ARE OFFERED TO P.C. INMATES. BHS OFFERS COLOR, WRAP, REC/GROUP THERAPY TO P.C. INMATES. CUSTODY LEVEL AND CHARGES MAY AFFECT ELIGIBILITY IN THESE PROGRAMS.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

REFUSED (Inmate Signature at completion) 2/6/19 (Date) WARD (Reviewing Deputy) N5692 (ID Number)

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

215 COLEMAN 219 WARD

Cell # L-4-54

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☒CBDC

From *(Departe De)*: JENNINGS MAURICE (Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)*) 2019021321 (Booking Number *(Número de Preso)*) 2-27-19 (Date *(Fecha)*)

Grievance is about *(Queja)*: ☒Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☐Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☒Other *(Otra Queja)* FAILURE TO RESPOND TO GRIEVANCE AND APPEAL

Date and time of incident *(Fecha y Hora de el Incidente)*: 2-5-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

THE RIVERSIDE COUNTY SHERIFFS DEPT CONTINUE TO DEMONSTRATE A LACK OF TRANSPARENCY OR ACCOUNTABILITY BY FAILING TO ADHERE TO ITS INTERNALLY REGULATED GRIEVANCE PROCEDURES. I FILED A GRIEVANCE (2-5-19) REGARDING A LACK OF AVAILABLE PROGRAMS AT THE INSTITUTION AND FILED AN APPEAL 2-7-19 AND HAVE NO RECEIVED A RESPONSE. I'VE SPOKEN TO 3ST HOUSE ON SEVERAL OCCASIONS TO INQUIRE ABOUT THE STATUS BUT RECEIVED NO RESPONSE. THE LACK OF ACCOUNTABILITY AT THE SHERIFF DEPT. CREATE AN ENVIRONMENT WHERE POOR MISCONDUCT THRIVES.

Inmate Signature: _____

Received by: _____ (Employee Name and ID number) _____ (Date) _____ (Time)

Recommendations / Resolution:

THIS GRIEVANCE WAS ANSWERED BY C.D WARD (PROGRAMS) ON 02/01/19

YOU MUST SIGN UP FOR ONE OF THE MANY AVAILABLE PROGRAMS. 1940

Supervisor: HORNBUCKLE 2411 (Supervisor Name and ID number) 02/27/19 (Date) _____ (Time)

Supervisor Findings:

SAME AS ABOVE.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

Under protest (Inmate Signature at completion) 2-27-19 (Date) WEST (Reviewing Deputy) W-550 (ID Number)

Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

Distribution: White – Inmate Booking File
Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

Cell # C 4-54

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: JENNINGS, THOMAS | 2019C1321 | 2-25-19

Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)* | Booking Number *(Número de Preso)* | Date *(Fecha)*

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☐Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)* FAILURE TO RESPOND TO "APPEAL"

Date and time of incident *(Fecha y Hora de el Incidente)*: 2-11-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea especifico(a). Utilice hojas adicionales si es necesario.)

I WROTE AN APPEAL AS I WAS NOT SATISFIED WITH THE RESPONSE TO THE GRIEVANCE. I SPOKE TO SGT MOORE AND SHE STATED THAT IT WAS ON THE CAPTAINS DESK, THAT WAS TWO WEEKS AGO. I WROTE AN APPEAL REGARDING THE LACK OF PROGRAMS AND A SECOND APPEAL REGARDING A LACK OF CONFIDENTIALITY AT MENTAL HEALTH. THE REFUSAL TO RESPOND DENIES ME THE PROCESS OF EXHAUSTING MY REMEDIES AND VIOLATES THE COUNTY GRIEVANCE PROCEDURE. I'M ENTITLED TO A RESPONSE AND COPY OF MY APPEAL

Inmate Signature:

Received by: SGT. MCCLELLAN | 02/22/19 | 1700

Employee Name and ID number | Date | Time

Recommendations / Resolution:

THIS IS AN APPEAL TO GRIEVANCES WRITTEN ON 01/29/19 AND 02/05/19.

FORWARD TO ADMIN

Supervisor: READ 206 | 03.08.19

Supervisor Name and ID number | Date | Time

Supervisor Findings:

UNABLE TO FIND THIS APPEAL RE CONFIDENTIALITY AND PROGRAMS. THUS, INMATE IS UNABLE TO APPEAL ~~THE~~ GRIEVANCES DIRECTLY TO CAPTAIN AND EXHAUST ADMINISTRATIVE REMEDIES. HIRED 2065

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

Inmate Signature at completion | Date | Reviewing Deputy | ID Number

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

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Yellow – Facility Commander
Pink – Inmate Copy
Goldenrod – Inmate Receipt

RSD Form 559 (Rev. 06/06/18)

APPEAL TO CENTRAL JAIL FOR ADMINISTRATIVE REMEDY

Cell # E-4-84

RIVERSIDE COUNTY JAIL INMATE GRIEVANCE FORM

(CÁRCEL DE EL CONDADO DE RIVERSIDE FORMA DE QUEJA PARA PRESO)

Please Print Clearly (Favor De Escribir Claramente)

☐Blythe Jail ☐Indio Jail ☐RPDC ☐ SCF ☑CBDC

From *(Departe De)*: JENNINGS, PAUNEE CHARLES (Name (Last, First, Middle) *(Apellido, Nombre, Segundo Nombre)*) 201901321 (Booking Number *(Número de Preso)*) 5-6-19 (Date *(Fecha)*)

Grievance is about *(Queja)*: ☑Jail Procedures *(Procedimientos de la Cárcel)* ☐Jail Conditions *(Condiciones de la Cárcel)*

☑Jail Staff *(Personal de la Carcel)* ☐Medical *(Medico)* ☐Mental Health *(Salud Mental)*

☑Other *(Otra Queja)*_____

Date and time of incident *(Fecha y Hora de el Incidente)*: 5-5-19

Describe the reason for your grievance, in your own words. Please be specific. *(Use additional sheets if necessary.)*
(Explique el motivo de su queja en sus propias palabras. Por favor sea específico(a). Utilice hojas adicionales si es necesario.)

COUNTY OF RIVERSIDE, CA'S ISTAR, RIVERSIDE COUNTY SHERIFF DEPT HAS INCORRECTLY AND WITH FRAUDULENT INTENT, POSTED ON ITS WEBSITE FALSE, DEFAMATORY CHARGES ALLEGING I'VE BEEN CONVICTED OF SEXUAL CRIMES ON A MINOR. THIS IS A COMPLETELY FALSE CHARGE AND NOT UNDER ASSIGNMENTS OR PRESENTATION BUT PLACES MY SAFETY AT RISK. I HAVE NEVER BEEN ARRESTED OR CONVICTED OF ACTS WITH A MINOR. MY FAMILY ALERTED ME TO THIS AS THEY SEARCHED FOR ME ON THE SHERIFF'S WEBSITE. ANY HARM THAT I SUFFER AS A RESULT OF THESE FALSE CONVICTIONS, I WILL HOLD THE ABOVE NAMED DEFENDANT LEGALLY, RESPONSIBLE AS YOU ARE WELL AWARE.

Inmate Signature: [signature]

Received by: C. SGT NORTHUP N4954 (Employee Name and ID number) 5-7-19 (Date) 1900 (Time)

Recommendations / Resolution:

I SPOKE WITH THE BUSINESS OFFICE SUPERVISOR. I/M JENNINGS WAS CONVICTED OF (3) THREE COUNTS OF 288(C)(2) PC. WHICH IS ORAL COPULATION WITH A MINOR OVER 14 YEARS OF AGE.

Supervisor: _____ (Supervisor Name and ID number) _____ (Date) _____ (Time)

Supervisor Findings:

THE BUSINESS OFFICE SUPERVISOR TOLD ME THE JIMS WEBSITE WAS CORRECT, BUT SHE REMOVED THE)14 IN ORDER TO SATISFY I/M JENNINGS' OBJECTION.

The above incident has been discussed with me and I am aware of the findings (El incidente anterior se ha discutido conmigo y estoy al tanto de los resultados)

[signature] (Inmate Signature at completion) 5-7-19 (Date) NORTHUP N4954 (Reviewing Deputy) _____ (ID Number)

~Refer to the Inmate Orientation guide for more information regarding the grievance process, including your right to appeal initial findings~ (Consulta la guia de orientacion interno para obtener mas informacion sobre el proceso de quejas, incluyendo su derendo a apelar los resultados inciales)

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RSD Form 559 (Rev. 06/06/18)

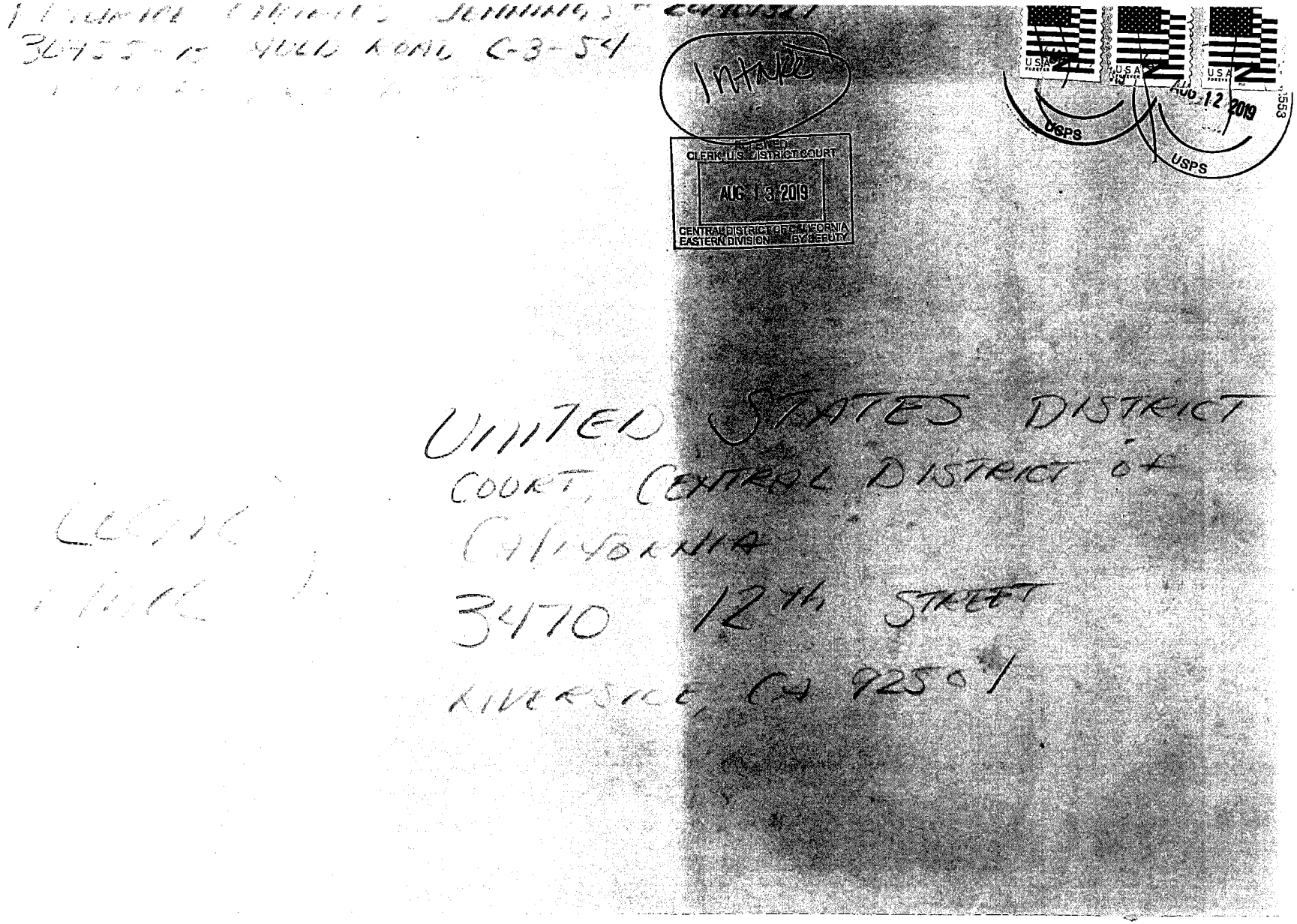
E. REQUEST FOR RELIEF

I believe that I am entitled to the following specific relief:

I am seeking nominal and punitive damages for the several Constitutional injuries. I further believe that I am entitled to Compensatory damages due for the physical injury to my foot that required surgery and will need future Surgical procedure to remove screw. I believe damages for pain and suffering, loss of functionality, future medical treatment be proper given the Constitutional injuries incurred due to the violations of several Civil rights and the negligent, reckless denial of my Civil rights.

8-5-19
(Date)

(Signature of Plaintiff)



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