IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF GEORGIA

ASHLEY DIAMOND,)
Plaintiff,)
v.) Civ. Action No. 5:15-cv-00050 (MTT
BRIAN OWENS, et al.,)
Defendants.)

DECLARATION OF A. CHINYERE EZIE

- I, A. Chinyere Ezie, hereby declare and state as follows:
- 1. I am an attorney at the Southern Poverty Law Center, and I am counsel for Plaintiff in this case. I submit this declaration in support of Plaintiff's Consolidated Opposition to Defendants' Pre-Answer Motions to Dismiss.
 - 2. Attached hereto are true and correct copies of the following:

<u>Document</u>	<u>Exhibit</u>
Grievance No. 163506 and Related Documents	A
Grievance No. 173610 and Related Documents	В
Grievance No. 180025 and Related Documents	C
Grievance No. 141823 and Related Documents	D
Grievance No. 189277 and Related Documents	E
Grievance No. 189275 and Related Documents	F
Grievance No. 189273 and Related Documents	G
Excerpts of the Transcript of the April 20, 2015 Hearing on Plaintiff's Emergency Motion for a Temporary Restraining Order, <u>Diamond v. Owens et al.</u> , 5:15-cv-00050 (MTT)	Н
Excerpts of the Transcript of the April 9, 2015 Hearing on	I

Plaintiff's Emergency Motion for a Temporary Restraining Order, Diamond v. Owens et al, 5:15-cv-00050 (MTT)

Grievance No. 184215 and Related Documents

J

Georgia Department of Corrections Mental Health Progress K Notes of Dr. Stephen Sloan

3. Copies of the grievance documents, many of which were previously provided as exhibits by counsel for Defendants, are provided here in order to include text inadvertently cut off at the margins.

4. On March 30, April 8, and April 27, 2015, I was also contacted by an inmate in the custody of the Georgia Department of Corrections ("GDC") who identifies as a transgender male, and was seeking legal representation because he was being denied medical care for his gender dysphoria by GDC.

Pursuant to 28 U.S.C. § 1746, I hereby declare and state under penalties of perjury that the forgoing is true and correct to the best of my knowledge, information, and belief.

Dated May 18, 2015

Respectfully submitted,

/s/ A. Chinyere Ezie
A. Chinyere Ezie

Exhibit A

Case 5:15-cv-00050-MTT Document 49-4 Filed 05/18/15 Page 2 of 9

Case 5:15-cv-00050-MTT Document 35-2 Filed 04/10/15 Page 35 of 42



Nathan Deal Governor G orgia Department of Corrections
Office of Health Services
Unitation Management
SOUTHOUR Road
The 400, Upshaw
Forsyth, Georgia 31029

Brian Owens Commissioner

GRIEVANCE APPEAL RESPONSE

INMATE: Diamond, Ashley Alton GDC# 1000290565

GRIEVANCE# 163506

INSTITUTION: Rutledge State Prison

The office of Health Services Clinical Staff has reviewed your grievance appeal. It is concluded that medical personnel handled this case appropriately and no further action is warranted. Your grievance appeal is denied.

Dr. Sharon Lewis
MEDICAL DIRECTOR OF GDC

Case 5:15-cv-00050-MTT Document 49-4 Filed 05/18/15 Page 3 of 9

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Attachment 4 SOP IIB05-0001

163506

Rutledge State Prison

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:	Diamond, Ashley	Grievance Number:
GDC #:	1000290565	Facility:
RESPONSE TO GR		
Warden's/Superinte	ndent's signature	/ / 30 - / (date)
I ACKNOWLEDGE I	RECEIPT OF THE ABO	VE RESPONSE ON THI S DATE
Offender's signature		(date)

You have seven (7) calendar days within which to appeal this Rasponse to your Grievance Coordinator. If the last day is not a business day at your institution, you may file it on tha next day that is a business

Case 5:15-cv-00050-MTT Document 49-4 Filed 05/18/15 Page 4 of 9

Case 5:15-cv-00050-MTT Document 35-2 Filed 04/10/15 Page 37 of 42

ATTACHMENT 2 SOP IIB05-0001

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: Rutledge State Prison

DATE: December 19, 2013

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: Tonjia Singleton

OFFENDER NAME: Diamond, Ashley

GDC #: 1000290565

STAFF SIGNATURE

INMATE'S BASIC ALLEGATION OR COMPLAINT:

Inmate alleges that he is not receiving proper treatment for his medical needs. He says that he met with Dr. Silver and Dr. Thompson in regards to receiving treatment for gender identity disorder and was told that this treatment is not done at this facility.

SUMMARY OF INVESTIGATION:

After reviewing inmate's allegation and statements from Dr. Silver and Dr. Thompson, I conclude and recommend the following: Dr. Silver states that when inmate Diamond was seen he reported feeling disconnected from his feelings and advised that he received individual treatment from a "gender specialist" at Baldwin State Prison. Dr. Silver says that there is no record of this. She also says that inmate has reported taking his medicine and has an improved mood and denies suicidal/homicidal ideations. She further states that inmate continues to say he received specialized treatment and would prefer to transfer back to Baldwin to receive that treatment. Dr. Silver adds that she informed inmate Diamond that the diagnosis of gender Identity disorder has been changed in the DSM-5 to Gender Dysphoria and that he will be assisted with any distress, anxiety or depression associated with his gender identity issues. Dr. Thompson states that inmate Diamond states that he received specialized treatment for gender identity disorder at Baldwin State Prison but there is no documentation of that treatment in the mental health chart. He also says that Diamond was informed that the diagnosis had been changed and that any anxiety, depression, or other emotional problems can be addressed by his mental health counselor. Dr. Thompson stated that inmate became upset and stated that they were not specialists in this area. Inmate was seen later in the day by Sidney Moore MHM Nurse and was given the same information. Accordingly, I have found no evidence to support immate's allegations and recommend this grievance be terminated at theinstitutional level.

Concur with Staff Findings: Yes: 2 Grievance Coordinator: RETENTION SCHEDULE: Upon completion of this form, it will be placed in the Grievance Rutherge St. Coordinator's office.

DATE:

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GEORGIA DEPARTMENT OF CORRECTIONS



RUTLEDGE STATE PRISON 7175 Manor Road Columbus, Georgia 31907 Information (706) 568-2340

Nathan Deal Governor Brian Owens

Commissioner

MEMORANDUM

DATE:

SUNDAY, DECEMBER 15, 2013

TO:

DR. SILVER

RETURN TO: COURTNEY DOUGLAS, GRIEVANCE COORDINATOR

THRU:

RUTHIE SHELTON, DEPUTY WARDEN OF CARE & TREATMENT

RE:

STATEMENT FOR GRIEVANCE PROCEEDING

YOU HAVE BEEN NAMED IN A COMPLAINT OR GRIEVANCE PROCEEDING IN THE FOLLOWING CAPACITY. PLEASE RESPOND WITH A COMPLETED FORMAL STATEMENT. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

INMATE NAME: DIAMOND, ASHLEY ID#1000290565

INCIDENT DATE AND DESCRIPTION:

inmate alleges that he is not receiving proper treatment for his serious medical needs. He says he net with you and Dr. Thompson in regards to receiving treatment for gender identity disorder and ne was told that that type of treatment is not done here. Please respond by 12/17/2013. Thanks in idvance for your response.

T IS IMPORTANT FOR ME TO HAVE YOUR TIMELY AND ACCURATE STATEMENT FORM THAT IS REQUIRED BY THE GRIEVANCE S.O.P. HB05-0001.

- X) 1ST REQUEST
-) 2ND REQUEST
-) 3rd request

Case 5:15-cv-00050-MTT Document 49-4 Filed 05/18/15 Page-6 of 9

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E TREMHOATTA 1000-20ED 902

5/15/2005

	WITNESS STATEME	ENT		
PLACE: Ruther Mentol health	DATE: 12/17/13	TIME: 00	FILE NUMBER	
LAST NAME, FIRST NAME, MIDDLE NAME: SILVER DOWNA	EMPLOYEE ID NUMBER:		STATE ID NO.	
INSTITUTION OR ADDRESS 7175 MANOR RO COLUMBUS	EA 31908			
	SWORN STATEMEN	Т		

I, DOWN A SILVER MO, WANT TO MAKE THE FOLLOWING STATEMENT UNDER CATH: Inmate Ashley Digmond GOC # 1000 290 565 was seen by myself for initial Thompson on 11/25/13; at which time he reported feeling "disconnected" from his feelings and stated while at Baldwin sp he received individual trealment from " gender specialist" or Sloon (of which there is no documental the was assented by me for depression, anxiety and psychosis and he denote Suicidal/honticial ideation delusions or regulative symptoms of depression. I noted he missed 5/20 days of medication and he was encouraged to be fully compliant and to speak with his counsello rejording emotional issues He then placed a medical services request on 12/7/13 reporting anxiety and depression, and not receive specialized treatment the was assumed on 12/10/13 by myself Ir. Thompson and Mr. Sisney Moore (MHM). At this time he reported taken his medication, having improved moce one he denied suicedall homicies I idea hon psychohis vegetative symptoms. He apain stated he had received "specialized treatment of soldion and felt he would prefer treatment back at that facility. We informed Inmole Diamones that the deagnosis of Gender Identy Disorth ho been changed in the DSM-5 to Gender Dysphoeig and that we will assist him with any custress anxiety of depression associate with his gender identify issues. I continued his current medication and schedules a follow up appointment for 4 weeks time.

EXHIBIT INITIALS OF PERSON MAKING STATEMENT PAGE 1 OF _____ PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF __TAKEN AT __DATED ____CONTINUED." THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE __OF __PAGES." WHEN ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE REVERSE SIDE OF ANOTHER COPY OF THIS FORM.

(Reproduced locally)

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GEORGIA DEPARTMENT OF CORRECTIONS



RUTLEDGE STATE PRISON 7175 Manor Road Columbus, Georgia 31907 Information (706) 568-2340

Nathan Deal Governor

Brian Owens Commissioner

MEMORANDUM

DATE:

SUNDAY, DECEMBER 15, 2013

TO:

DR. THOMPSON

RETURN TO: COURTNEY DOUGLAS, GRIEVANCE COORDINATOR

THRU:

RUTHIE SHELTON, DEPUTY WARDEN OF CARE & TREATMENT

RE:

STATEMENT FOR GRIEVANCE PROCEEDING

YOU HAVE BEEN NAMED IN A COMPLAINT OR GRIEVANCE PROCEEDING IN THE FOLLOWING CAPACITY. PLEASE RESPOND WITH A COMPLETED FORMAL STATEMENT. THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

INMATE NAME: DIAMOND, ASHLEY ID# 1000290565

INCIDENT DATE AND DESCRIPTION:

Inmate alleges that he is not receiving proper treatment for his serious medical needs. He says he met with you and Dr. Silver in regards to receiving treatment for gender identity disorder and he was told that that type of treatment is not done here. Please respond by 12/17/2013. Thanks in advance for your response.

It is important for me to have your timely and accurate statement form that is REQUIRED BY THE GRIEVANCE S.O.P. IIB05-0001.

- (X) 1ST REQUEST
- 1) 2 NEOUEST
- () 3RD REQUEST

Case 5:15-cv-00050-MTT Document 49-4 Filed 05/18/15 Page 8 of 9

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ATTACHMENT 3 SCP (1805-000) 5/15/2005

	WITNESS STATEMENT		
PLACE: Mental Health Service	DATE: /2//7//3	TIME: // 0 0	FILE NUMBER
LAST HAME, FIRST NAME, MIDDLE NAME:	EMPLOYEE ID NUMBER:		STATE ID NO.
INSTITUTION OR ADDRESS	mbus 6# 319	08-P40	9
7175 Manor Road Colum	SWORN STATEMENT		<i>/</i>
DM. Thompso, OLD WANTTOMAKET ON 12/10/13 I met a GBC It 1000290 565; in Die mond had written a indicating his desive to Gender Identity Disoner individualized treatment Mental Health Commetar Mental Health Commetar Megarding These sersions. Diomend that the diagnor 101 been changed in 05 m Mat one anxiety, depre Ssociated with his gene entern Bates. He became he was not a psychot Sidney Moone MAM Nu of and communicated the	concert we concert we medical Ser medical Ser concert we session to the control Health Dr. Silver on osis of General Mealth Serion or of General Mealth Meal	ide Du. 5 -uices required treatment he had built he had been to be spoke the best of the	reneral frommer and received from Dr. 5102, mod inmode y Disone ouic, one from H comel publican, out H comelo-
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Case 5:15-cv-00050-MTT Document 49-4 Filed 05/18/15 Page 9 of 9

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CONFIDENTIAL Offender GRIEVANCE FORM (Facalmile)

Attachment i SOP IIB05-0001

INSTITUTIONAL STAFF USE ONLY	1
OFFENDER NAME / DIVING OFFENDER	
INSTITUTION JOCK TRUTTED GRIEVANCE NUMBER 1635 DE	
DATE COMPLETED FORM RECEIVED FROM OFFENDER 11- 20-13 BY 1 DIOSELES	4
	1
DATE APPEAL RECEIVED.	The state of
THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DAT	es, nah
THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION OF INCLUDE SPECIFIC	
and the second s	
DESCRIPTION OF INCIDENT: met with the physiologist Dr. Thomson	1_,
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and physicially they told me that they uprent abing to t	rea
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Gender Packty Distract alkaning and market helds	
denial of treatment to the section the Warden of Co	are
I also the same any received become	
and treatment saying the same.	
RESOLUTION REQUESTED:	
Treatment for my than Disorder by transferring me	
to a facility that has Drs. gaulified to treat me.	
10 a facing that has been got	
W1 2	
100	
Adam) Rimond 11/26/13	
Date Date	-
Is this prievance being filed within the 10 day time limit? Please answer & Yes or O No . If the answer is No, please explain w	thy.
I Is this threvance being filed within the 10 day time intin: I leads answer	

Exhibit B





Nathan Deal Governor

GEORGIA DEPARTMENT OF CORRECTIONS OFFICE OF INVESTIGATIONS & COMPLIANCE INMATE AFFAIRS UNIT

NMATE AFFAIRS UNIT P.O. BOX 1529 Forsyth GA 31029



Brian Owens Commissioner

GRIEVANCE APPEAL RESPONSE

Offenders Name:

Diamond, Ashley Alton

Grievance Number:

173610/06

GDC#:

1000290565

Facility

Valdosta State Prison

A member of my staff has reviewed your grievance. You allege that on 05/15/2014 you were told by Warden Allen that he did not like your eyebrows. You also claimed the Warden stated "that this is a man's facility". According to policy facial adornments are prohibited, unless medically indicated. All immates at Valdosta State Prison are required to follow policy. Based on this information, your grievance is denied.

Ricky Myrick, Director Investigations and Compliance

Lisa Fountain, Interim Manager Inmate Affairs Unit

1

7-30

I ADKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

Offender's Signature

Date

Casse 75145CXVP86836HMTPL DOCUMENT 43-5 Filed 12/30/145 Page 3 3 6 8

CIREVANCE APPEAL FORM

ATTACHMENT 5 SIGP 1005-0001

I reject the Warden /Superintendent's response to my grievance. The basis for this appeal a medical reason

NOTE: The option to appeal a proposed resolution rests with the grievant. All grievances indicating a desire for appeal will be forwarded to the next level. However, to allow a full review of all issues the grievant wishes considered, he or she should state these reasons clearly in the appeal. Statements such as "not satisfied" or "appeal further" will result only in a general review. If for some reason this appearlis being submitted later than the allotted time frame, please state clearly reason, why if you wish for this appeal to be considered. This appeal form along with the grownice-form must be submitted to your Counselor In A Symbol Asordinator

INMATE'S SIGNATURE

Cause 75145 C PO 25 P P 25 4 6 8

CONFIDENTIAL Offender GRIEVANCE FORM (Facsingle)

Attactment/1 SOP 1195-0001

OFTENDER NAME INSUTUTION DATE COMPLETED FORM RE DATE APPROLITES EVEN	ASKLY DI CONTINUE	STATE LISE ONLY OFFENDER NUMBER ORIEVANCE NUMBER OFFENDER NUMBER	1000290565 173610 1 MANGAT
FORM MUST BE COMPLETED IN INK ERSONS INVOLVED, AND WITNESSE CRIPTION OF INCIDENT:	S,	Fold by Hylvarden	SRIEVANCE TO INCLUDE DATES, NAMES
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MRV 5-22 14

is this arrow root boing filed within the 10 day time limit? Please answer . Yes, or O No., If the answer is No, please explain why

Case 75:145 EV-066656 MTQL DOCUMENT 43-5 Filed 15/318/14 PB ag 6 5 6 8

SOP DIOX-001

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:

Ashley Diamond

Grievance Number:

173610

GDC#:

1000290565

Facility:

Valdosta State Prison

RESPONSE TO GRIEVANCE:

Policy states, in part, "Facial adornments are prohibited, unless medically Indicated". There is no medically indicated reason for you to adorn your face by manipulating your eyebrows. This is a male facility and your gender is male. You will be required to follow the rules as all other inmates.

Warden's/Superintendent's signature

THE ABOVE RESPONSE ON THIS DATE

Offender's signature

(date)

You have seven (7) calendar days within which to appeal this Response to your Grievance Coordinator. If the last day is not a business day at your institution, you may file it on the next day that is a business day.

Functional Area:	Prov. REC. Date:	Page 6 of
FACILITIES OPERATIONS	94/91/92	
	Effective Date:	Reference Number:
	3/01/2005	11801-0011

5. Inmates/probationers shall be encouraged to report sanitation violations in the barber/cosmetology shop to the Sanitation & Safety Officer and/or the Warden. The Sanitation & Safety Officer and/or the Warden shall maintain a record of the reported violation and any action taken to address the violation.

D. Appointment Procedures for Cosmetology Services:

1. All female inmates/probationers will send a Cosmetology Request Form, Attachment 4, to the designated staff member. The form must have the inmate's name, ID number, date, detail (a.m. and/or p.m.), off days, counselor, housing assignment, and services requested (perm, curls, haircut, etc).

E. Hair Care Guidelines for Male Inmates/Probationers:1

- Each inmate shall have a conventional haircut.
 - a. Hair shall not be longer than three (3) inches.
 - b. Hair shall not extend beyond a point, which would reach the collar on an ordinary shirt.
 - Hair shall not cover any part of the ears or eyebrows.
- Inmates may wear sideburns no longer than a point even with the bottom of the ear canal.
- 3. Mustaches are permitted, but shall not extend beyond the edge of the mouth and must be kept neat and trimmed at all times.
- 4. Goates, teards, and similar facial adornments are prohibited unless medically intrated.

F. Hair Care Guidelines for Female Inmates/Probationers:

1 Har must be clean, well groomed, and neat. If dyed, must look natural, matching natural color.

ATTACHMEN 500° #1905-00

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

NSTITU	TION: Valdos	ta State Prisor	n	DATE:	May 28, 2014	
TO:	GRIEVANCE	COORDINATO	R/ALTERNATE G	RIEVANCE COORE	DINATOR	
FROM:	S. Wright					
OFFEND	DER: NAME:	Diamond, Ash	ley			
GDC#	1000290565		GRIEVAN	CE #: 173610		141
INMATE	'S BASIC ALLE	GATION OR C	OMPLAINT:			
that he facility.	(Warden) did n Inmate stated ed).	ot like inmate: he was offend	led because ne is	a woman (trans-		
Inmate	is clearly a ma	n, not a woman	n. I recommend g	rievance be denied		
STAFF	MALA SIGNATURE:			5/29/14 DATE:	1	
Concur	with Staff Findir	ngs; Yes; Gnevance Coe	No: 🗆). Wba	b	

CONFIDENTIAL Offender GRIEVANCE FORM (Facsimile)

Attachment T SOP IIB05-0001

I METTU TONAL STAL	USE ONLY
ASKRY DIMMERNAL OF	NOER NUMBER 10000 905 15
	EVANCE NUMBER 1:73610
	MI BY O ASSURE
DATE APPEAU, RECEIVED TO 1	67 ov 1 "

THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES OF PERSONS INVOLVED, AND WITNESSES.

DESCRIPTION OF INCIDENT:	wade that be didn't like
On May 15 2014 During inspection I was fold by the my eyell works and we aren't going to do that This	is commer facility. I found
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The state of the control of the cont	THE LEFT LIFE THE PARTITION OF THE PARTI
and the and I deserve fair impartial treatment	a rougert.
KESOLUTION FROUESTED:	
To be transferd to a facility that is beller a	gupped to pardle transgorder
as well as it being thedrew security,	as I am both and
To be transferd to a facility that is heller a as well as it being medium security, it have GDC Auff respect trans community proper pronoun and theating there disort	by roffering to them as
proper pronoun and theating were awon	CM
- 110% 6 0	
ASKULLIAMINA 5.22.14 Date Date	
A Ola Decarated and	
ASNUM TUNNETURE S. JAIT	
Date Date Date Date Date Date Date	No . If the answer is No. please explain why

Exhibit C

Case 75:145-24-0000660-1MTRL, DRECHMENT 23:3, Filed 03/20145 Page 2 01:3,3, F

J-D-163B



Georgia Department of Corrections
Office of Investigations and Compliance
Inmate Affairs Unit
P.O. Box 1529
Forsyth, Georgia 31029

SOP THUS 0001

Nathan Deal Governor **Brian Owens**

Committioner

CENTRAL OFFICE APPEAL RESPONSE

Offender's Name: Diamond, Ashley

Grievance Number: 180025

GDC#: 1000290565

Facility: Baldwin S.P. / Originated at

Valdosta S.P.

A member of my staff has reviewed your grievance. In your written statement you allege that you were placed in the Tier I Program peoding an investigation for phone activity. You allege that videos were placed on YouTube as a plea for help. You allege that you are concerned about your safety and mental health as well as retaliation for disclosing information about staff involvement in the making of the videos.

According to Deputy Warden Emmons, you were placed in Tier I disciplinary housing for using a cell phone to film videos at Valdosta State Prison and placing them on YouTohe. He advised that you did not give any statements about staff who allegedly aided in the videos or any specific safety concerns that you had or with whom. Our review revealed no evidence that staff placed your safety and mental health at risk due to you allegedly disclosing staff involvement in the making of videos that were placed on YouTube. This grievance is denied.

Lina Fountain, Interim Manager
Inmate Affoirs Unit

11-18-20/4 (date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

Offender's signature

11-26-14.

Amachment 4 SOP 11B05-0001

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:

Ashley Dismond

Grievance Number

180025

GDC #:

1000290565

Facility:

Valdosta State Prison

RESPONSE TO GRIEVANCE:

You are housed in Tier I at this time. According to Mr. Emmons, you have not provided the names of any staff involved in the making of the Youtube videos. We would be happy to provide any information you wish to give to Internal Affairs for their review and investigation.

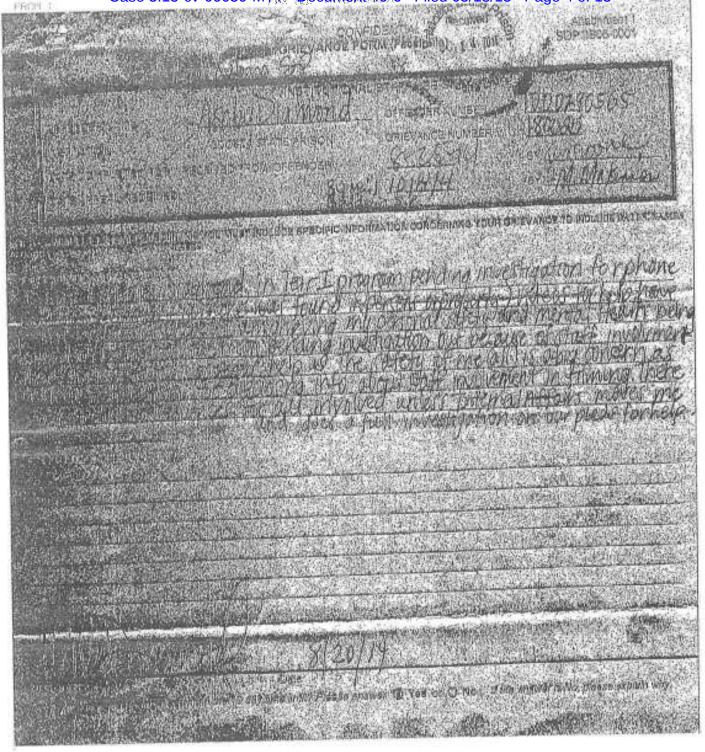
Warder's/Superintendent's signature

OF THE ABOVE RESPONSE ON THIS DATE:

signature

You have seven (7) calendar days within which to appeal this Response to your Grievence Coordinator. If the last day is not a business day at your institution, you may file it on the next day that is a business

CERSE75115-W-0000501-WTQL DOCUMENT 43-6 FIRED 13/30/145 Page 4 of 13



Case 75:15-CV-00134-0-1-TORIDO NOBINE 1275 AT FIEMM 2/30/14 Page 5 of 18 THMENT 4	
Ashley Damond 1000290565 180025 600100	
NMATE NAME LD. NUMBER GRIEVANCE NUMBER	
I reject the Warden's/Superintendent's response to my grievance. The basis for this appeal is as	
Mr. Emmons or any staff at Valdosta	
State Prison, never busked for that	
information, or answerd any letters in	
regards to that information. Internal	
invertigations should have been involved	
from the beginng-Valdasta tate Prison	
failed to respond to any and all	
sexual abuse allegations, and even	
returned grievances involving sexual abuse	
allegations. Infact Mr. Emmons only discussion	
with me was why I got the inmater in trouble.	
I then asked him why he never responded to	
my pleas for help. Staff even with held public	
information in regards to aprea audit or	
address to communicate w/ privately. D.O.C	
failed to project me Deriod. There needs to be investigated	であり
NOTE: The option to appeal a proposed resolution rests with the grievant. All grievances	
indicating a desire for appeal will be forwarded to the next level. However, to allow a full review of all issues the grievant wishes considered, he or she should state these reasons clearly in the appeal.	
Statements such as "not satisfied" or "appeal further" will result only in a general review. If for	
some reason this appeal is being submitted later than the allotted time frame, please state	
clearly reasons why if you wish for this appeal to be considered. This appeal form along with	
the grievance form must be submitted to your Counselor or Grievance Coordinator.	
The Area of the first of the fi	
NMATE'S SIGNATURE: DATE:	

Case 5:15-cv-00050-MTF Document 49-6 Filed 05/18/15 Page 6 of 13 Chment 1 Offender GRIEVANCE FORM (Filed 05/18/15 SOP IIB05-0001

OFFENDER NAME INSTITUTION DATE COMPLETED FOR	AShby Diamend VALDOSTA STATE PRISON WRECEIVED FROM OFFENDER	OFFENDER NUMBER OFFENDER NUMBER	1000290565 15035 84 100046
THIS FORM MUST BE COMPLETED IN	Bun	RMATION CONCERNING YOUR	BY M. KURAGE GRIEVANCE TO INCLUDE DATES, NAMES
DESCRIPTION OF INCIDENT TO A MILE TO THE PROPERTY OF THE PROPE	lamond, in Teir I pro) vide as for he sp have nd mental Health bew
)FFRMDER fighalitie	Date State of the 10 day time limit? Please enswe	f ③ Yes or ○ No . If the a	insvier is No, please explain why.

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:

Ashley Diamond

Grievance Number:

180025

GDC#:

1000290565

Facility:

Valdosta State Prison

RESPONSE TO GRIEVANCE:

You are housed in Tier I at this time. According to Mr. Emmons, you have not provided the names of any staff involved in the making of the Youtube videos. We would be happy to provide any information you wish to give to Internal Affairs for their review and investigation.

Warder/s/Superintendent's signature

9-17-14

(date)

I ACKNOWLEDGE RECEIPT

CONT

OF THE ABOVE RESPONSE ON THIS DATE:

(date)

You have seven (7) calendar days within which to appeal this Response to your Grievance Coordinator. If the last day is not a business day at your institution, you may file it on the next day that is a business day.

000 ATTACHMEN 0.00° HT105-00

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION	: Valdosta SP	DATE:	September 9, 2014
	IEVANCE COORDINATOR/ALTER	NATE GRIEVANCE COORDI	NATOR

FROM: Wright

Diamond, Ashley OFFENDER: NAME:

GRIEVANCE #: 180025 GDC #: 100290565

INMATE'S BASIC ALLEGATION OR COMPLAINT:

Inmate allege he is grieving his personal safety while being housad at Valdosta SP and fears retaliation because of the pending investigation of the video on you tube. Inmate stated there can be fatal consequences for all involved unless (IA) move him and do a full investigation of their pleas for help.

SUMMARY OF INVESTIGATION:

Inmate is in Tier I for using a cell phone to place videos at Valdosta SP on you tube. Inmate is housed with one of the inmates who appeared in the video with him. Inmate has not given any statements about what staff member aided with the video. Inmate did not state any specific safety concerns he has and by whom. Inmate did not provide a resolution. I recommend grievance be denied.

No: Concur with Staff Findings:

(Reproduced locally)

RETENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator's office

Case 7:14-cv-00124-HL-TOL Document 22-7 Filed 12/30/14 Page 9 of 13 Case 5:15-cv-00050-MTT Document 49:6/17/Filed 05/18/15 Page 9 of 13 Offender GRIEVANCE FORM (Facsimile) SOP IB05-0001

OFFENDER NAME INSTITUTION DATE COMPLETED FOR DATE APPEAL RECEIVE	AShby Dlamond VALDOSTA STATE PRISON MRECEIVED FROM OFFENDER	L STAFF USE ONLY OFFENDER NUMBER GRIEVANCE NUMBER C 10	VD0790565 30490 BY - 1170444
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Case 7:14-cv-00124-HL-TOL Document 22-7 Filed 12/30/14 Page 10 of 18 TAC HARMENTS Case 5:15-cv-00050-MTT Document 49-6 Filed 05/18/15 Page 10 of 19 Tac Harments Case 7:14-cv-00124-HL-TOL Document 22-7 Filed 12/30/14 Page 10 of 18 TAC HARMENTS CASE 5:15-cv-00050-MTT Document 49-6 Filed 05/18/15 Page 10 of 18 TAC HARMENTS CASE 13 TAC HARMENTS CASE 13 TAC HARMENTS CASE 13 TAC HARMENTS CASE 14 TAC HARMENTS CASE 15 TAC HARMENTS CA

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Case 7:14-cv-00124-HL-TQL Document 22-7 Filed 12/30/14 Page 11 of 13 Case 5:15-cv-00050-MTT Document 49-6 Filed 05/18/15 Page 11 of 13

ATTACHMENT 3 SGP IIB05-0001 \$/15/2005

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RETENTION SCHEDULE:

Upon completion, if this form, it will be placed in a file in the Grievance Coordinator's office.



GEORGIA DEPARTMENT OF CORRECTIONS

VALDOSTA STATE PRISON/ANNEX Shunda Woods, Chief Counselor P.O. Box 310 Valdosta, Georgia 31603-0310 Information (229) 333-7079 Fax (229) 333-7960

Nathan Deal Governor Brian Owen Commissioner

MEMORANDUM

TO:

Grievance Coordinator, Baldwin

Baldwin State Prison

FROM:

Shunda Woods, Chief Counselor / Grievance Coordinator

DATE:

October 01, 2014

RE:

Diamond, Ashley 1000

1000290565 180025

Inmate Name

ID

1

Grievance Number

The above reference inmate transferred to your institution before receiving the Warden's Response to his grievance filed with us. Please review the response with the inmate and return the signed form with the appeal/drop form if applicable as soon as possible to process this grievance.

Any questions or additional information contact Melissa McKinnon at 229-333-7960.

Thanks very much for your cooperation in this matter.

Case-5:145-cv-09095-01MTT_L Document 49-6 Filed 05/08/145 PRoge 13fof313

CONFIDENTIAL

Attachment 1 SOP IIB05-0001

Offender GRIEVANCE FORM (Facsimile)

OFFENDER NAME ASABY DIAMOND OFFENDER NUMBER 100290565
INSTITUTION VALDOSTA STATE PRISON GRIEVANCE NUMBER 15042
DATE COMPLETED FORM RECEIVED FROM OFFENDER 87 1070944

DATE APPEAL RECEIVED THIS FORM MUST BE COMPLETED IN INK. YOU MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATES, NAMES DE PERSONS INVOLVED, AND WITNESSES. RESOLUTION REQUESTED: Date and which being filed within the 10 day time limit? Please answer 💿 Yes or 🔾 No ... If the answer is No, please explain why.

Exhibit D



Nathan Deal Governor

GEORGIA DEPARTMENT OF CORRECTIONS Baldwin State Prison

Baldwin State Prison
Deputy Warden of Care & Treatment
Post Office Box 216
Hardwick, Georgia 31034
478/445-6164
FAX 478/445-6507



Brian Owens Commissioner

,	
<u>M</u> E	MORANDUM
TO:	ashley Diamond GDCH 1000290565
FROM:	Cherie Price, Deputy Warden of Care and Treatment
DATE:	2/4/13
SUBJECT:	Grievance Rejection
Per SOP IIBO	5-001, this grievance has been rejected and returned to you for the following reason:
***************************************	More than one issue per grievance
-	Grievance filed out of time frames as outlined in policy
	Exceeded gricvance filing limit (only 2 active)
W	Grevance was submitted through mail without following proper grievance procedure
)	Grevance includes threats, profanity, or racial slurs
WIELDSTONE AND A 1	Formal Grievance form not attached
	Non-gricvable issue:
	a. Does not affect the offender personally b. Parole Decision
	c. Issue outside the Department's control d. Disciplinary report
	e. Disciplinary hearing procedure, punishment, fees, or assessments f. Transfer of offender between Institution
•	g. Routine housing assignment h. Involuntary assignment to Administrative Segregation
	i. Co-Pay Charge for Health Care J. Changes to housing assignments; program assignments, or work assignments,
	unless there is an alleged threat to the offender's health or safety.
CP/dd	
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	Committed To Excellence

12/17/5	CONFIDENTIAL INMATE GRIEVANCE FOR Georgia Department of Correction	
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Offender Grievance

DIAMOND, ASHLEY ALTON-GDC ID 1000290565

Grievance No. 141823 - Status: PENDING RESOLUTION

Click here for printer friendly version.

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Facility Grievance Against:	BALDWIN STAT	E PRISON	Grievance Type:	FORMAL.	
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Attachment 10 6/01/04



GEORGIA DEPARTMENT OF CORRECTIONS Baldwin State Prison

Baldwin State Prison 100 Laying Farm Rd Phone: 478-445-6160 FAX:47-445-2792

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Nathan Deal	***************************************	Brian Owens
Governor		. Commissioner
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THE STATE OF THE S		
Date: _/ /24//	<u> </u>	
To: Area Superv	isor Cay L. Dr.	Sloan
From: Deputy V	arden of Care & Treatment- Cherie Price	
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		d in my office. I am requesting the
Schedule and Follow up ar Advise this sprocess.	mate and explain standard operating prod I meet with this inmate and discuss the st d provide documentation of follow up, hould be handled through disciplinary he hould be handled through medical co-pay	alus of this request. aring and or disciplinary appeal
	ion(s) will need to be taken and a respon (no later than 5 days from receipt). The street of the contract of t	se provided to my office by The inmate should sign and date below
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Case 5:15-cv-00050-MTT Document 49-7 Filed 05/18/15 Page 6 of 9

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Na G SOF IIB05-0001 Attachment 10, 6/01/04

GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison 100 Laying Farm Rd

Transfer Contraction	Phone: 478-445-6160	
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Meet with im	nate and explain standard operating proce	dures regarding his request.
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process.	*	, ,
Advise this sl	ould be handled through medical co-pay	appeal process.
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SOP IIBO5-0001 Attachment 10 6/01/04

GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison 100 Laying Farm Rd Phone: 478-445-6160

13.120	FAX:47-445-2792	
athan Deal	**************************************	Daine Chiana
Sovernor		Brian Owens Commissioner
` '		· COMMENTARY
,	'	
Memorandum		,
		•
Date: //24//3		•
1 1	•	•
Ta. Arma Crimani	sor Capt. Sotell, Dr. o	
To: Utou pulherAI	sor Capete Datell, Dr.	Sloan
10 mars 12 mars 172		
a rom: Debuth M.	arden of Care & Treatmont- Cherie Price	
	•	,
Re: Informal Grie	vance	,
,	'	
,	,	*
The attached infor	mal grievance from Jumate Lounes	000
LD. # /0000	20565 , was received	in my office. I can requesting the
following action(s	he taken:	in my office. I can requesting the
	· · · · · · · · · · · · · · · · · · ·	
Meet with inn	ote and arrelia at a desired	
Tricot yrighting	ate and explain standard operating proce	duros regarding his roquest.
Troncano ana	meet with this immate and discuss the stat	us of this request.
ronow up and	provide documentation of follow up.	•
Advise this sh	ould be handled through disciplinary hear	ing and or disciplinary appeal
process.	•	
Advise this sh	ould be handled through medical co-pay a	ไทยคล กากกระ
		Transport of the second of the
The necessary action	n(s) will need to be taken and a response	movidad to may a CC - 1
1/2///3	(Try leter than 5 down from wains) Th	provided to my omce by
as well as the staff	(no later than 5 days from receipt). The	te inmate should sign and date below
it and and drawn	**************************************	
Matter discussed:		
؛ يسي	. I am 1 am	
Im aleeses	on 1/7/13 he was called	to mast w/ Captain Dotale:
asked abou	the Brepost Line Alle	the de ham delen O'A.
to an unea	CONTRACTOR OF CONTRACTOR AND	Tal B
The above was disc	ussed with me and the problem is being r	esolved earshot of other Ilm's
		which tohave lining que
		mental Health advised.
		he allager, that moone is
nmate Signature / I	Date Chaff of	Trade
, , , ,	ं शक्ता शरी	nature / Date speak to him will
"	***************************************	then presence in
	4	their greenee, a was not upheld.
,		-

Exhibit E

Mar 10 15 07:13a

VSP

Feb. 03 2015 04:52PM P2



FROM :

FAX ND. :4784454997

ILED



GEORGIA DEPARTMENT OF CORRECTIONS

COMMISSIONER'S OFFICE State Office South at Tift College



p.2

DATE:

01/01/2014

TO:

DIAMOND, ASHLEY ALTON 1000290565

BALDWIN STATE PRISON

FROM:

MCKINNON, MELISSA

VALDOSTA STATE PRISON

RE:

FORMAL, 189277, 01/01/2014

that was filed on 01/01/2014 Upon This memorandum is in response to your grievence 189277 review, it has been determined that due to the nature of the allegation, a request for a formal investigation is warranted.

Therefore, your grievance has been forwarded to the Georgia Department of Corrections Internal for review. That Unit will determine what action is appropriate. As a investigations Unit on 01/27/2015 result, this letter serves as the formal response to your grievance and effectively closes your grievance. The decision to forward your grievance to the Internal Investigation Unit and close your grievance is not appealable.

MCKINNON, MELISSA

Mar 10 15 07:13a

VSP

2292492785

12-72 ATTACHMEN

p.3

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: VALDOSTA STATE	PRISON	DATE:	2/05/15
TO: GRIEVANCE COORDINA	OR/ALTERNATE	GRIEVANCE COORDI	NATOR
FROM: S. Brockington			
OFFENDER: NAME: Diamond, As	hley	GRIEVANCE#189277	
GDC #: 1000290565			
INMATE'S BASIC ALLEGATION OR	COMPLAINT:		
inmate alleges on 1/01/14 he was she was sleeping when the inmate in buttocks.			
1			
SUMMARY OF INVESTIGATION: I recommend grievance be forwarded	to Internal Affairs,		
		51	
	1	100	
Shanise 3 nocki for	T T	2/05/15	
SPAFF SIGNATURE:		DATE:	
Concur with Staff Findings: Yes:	No. ordinator:	S. W000	b
	DATE	02/05/15	

(Reproduced locally)

ETENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator's office

p.4

Mar 10 15 07:13a

VSP

ATTACHMENT I SOP IIB05-000 I

CONFIDENTIAL Offender GRIEVANCE FORM

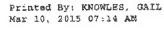
	INSTITUTIONAL STAFF USE ONLY
OFFENDERNAME ASKLEY DIA	nond OFFENDER NUMBER 1000790565 -
INSTITUTION BOLDWIN	GRIEVANCE NUMER 189277
DATE COMPLETED FORM RECEIVED	FROM OFFENDER/2 1221/4 BY Mary Dany WHO
DATE APPEAL RECEIVED	BY
THIS FORM MUST BE COMPLETED IN INK. YOU DATES, MAMES OF PERSONS INVOLVED AND I	MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE
DATE & DESCRIPTION OF INCIDENT:	
Brx1-1-14 I Was cexual)	by a coaulted by an inmate at Valdesta State Preson
in Teir program. I was s	legging on the hottom bunk when the inmate,
unclothed, began mastu	bating and rubbing his penis on my face and
buttacks: I reported to Cov.	onler Gonzalez and filed a statement WMWs Sulton
RESOLUTION REQUESTED: UNIV	anted sexual contact. I also wrote Commisoner.
I request GDC officiali	to follow PREA guidelines and revaluate my
placement in its facilities	W/ Closed security inmates given my transgender
and nonviolent status take of	easto reduce harmit assaults sexual+physical) And do confidential
OFFENDER Signature Ashley D	DATE 12-19-14 investigat,
Is this grievance being filed within the 10 day in ISU FER From PTSD from a	specifically Presse answer Ores or State if the enswer is No. please explain why. The specific for SIA grievances under PREA.
	The state of the s

2292492785

Mar 10 15 07:13a

VSP

Pages 1 of 2





GEORGIA DEPARTMENT OF CORRECTIONS STATE OF GEORGIA

Homer Bryson Commissioner

NO

NO

p.5

Incident Report

Facility:

VALDOSTA STATE PRISON

Military Time: 01/28/2015 11:40

Number:

170038

Incident Type:

MAJOR

Use Of Force:

NO

Nature of Incident:

SEXUAL ALLEGATION

insident Diricilia de la completa del proposito de la completa de la completa de la completa de la completa de

Wireless Devices Found:

Incident Location:

DORMITORY

Chemical Incident:

NO

Facility Mechanical Breakdown: NO

Incident Video Taped By:

INCIDENT NOT VIDEO TAPED

Reporting Official:

DAVE MCCRACKEN MENTAL HEALTH UNIT MANAGER

Property Damaged:

NO

Damage Amount:

Fire:

Use Of Weapon:

Damage Description:

Warden's Recomm./Comments:

Forward per PREA Folicy.

Summary of Incident:

Grievance dated 12/19/14 received from Chief Counselor Woods written by Immate Diamond, Ashley GDC#1000290565, that bn 1/1/14 while at Valdosta State Prison he was sleeping when an inmate began masturbating and rubbed his penis on Inmate Diamond's face and buttocks

Staff

GONZALEZ, ROLANDO - 1063139 Weapon Adversa Use Weapon Weapon Cart of Reagon Serial Reviewed Injured? Metion Weapon Type Involvement Video Date Taken' Force No DIRECTLY No Mo INVOLVED

Comments: I have no knowledge of Inmate Diamond, Ashley being sexually assaulted on 1/1/14.

Mar 10 15 07:13a

VSP

2292492785

p.6

Princed By: KNOWLES, GAIL Mar 10, 2015 07:14 AM

Pages 2 of 2

MCCRACKEN, WILLIAM DAVID - 1 46776

Involvement	Injured?	Advers Action Taken?	of	Weapon Type	Weapon Reason	Weapon Serial No	Cert	Апр Тура	Reviewed Video
DIRECTLY	No	No	СИ			-	1 -	19	No

Comments: I have absolutely no knowledge or record of Inmate Diamond, Ashley GDC#1000290565 being sexually assaulted on 1/1/14 while at Valdosta State Prison.

Offenders

DIAMOND, ASHLEY ALTON - 1000290565

Involvement	Injured? Dis	iplinary	Filed?	Weapon Used	Sexual Allega	Reviewed Vid
DIRECTLY INVOLVED	No	МО)		Yes	JNo

Comments: Approximately on 1/1/14, I was sexually assaulted by an inmate at Valdosta State Prison in Tier Program, I was sleeping on the bottom bunk when the inmate unclothed began masturbating and rubbing his penil on my face and buttocks. I reported to Counselor Gonzalez and filed a statement with Mrs. Sutton. This was all unwanted sexual contact. I also wrote the Commissioner.

	A 2th JtC	Case 5:15-cv-000	050-MTT	Docume	ent 49-8 I		. <mark>8/15 Pag</mark> e 2292492785	e 7 of 18	p.7
Mar 10	150	7:14a VSF					100		
3. A. 3	4		101	INCIDE	<u>NT REPORT</u>	r		10	
1	M PE	Type Report: Major Incident: Facility:	Minor Inc	ident;	T.		CO	Une of Weap	Attachment #1 IIA04-0002 05-15-2005
		Date of Occurrence (M/D/Y)	1-28	-15 T	ime: 11.4	O Lo	cation: M		HEALTH (
1)	. А.	Name 1 DAMOND ASILE 2. 3.	Number		hara and		Ďísp Filed?	Medi <u>Čamp</u>	zal .
		4. 5. 6. 7.		==					
-6	B.	Medicai Findings (To be comp.	eted by app	ropriate sta	ff within 24 i	hours):			
	C.	Staff involved: Name MULTI-FULCTIONAL	SONZ	91EZ	Race		Sex M	Employ	ec ID Number
		MH COULSELOR	SUTTO	mad	B		F		
	D,	Witnesses: <u>Name</u>	2	Number/Tit	le .	Name		Num	her/Title
	jor.	Video Equipment Utilized: Yes Name/Agency Notified	Date		< · Nam	ne of Camer Name/Agen		- Date	<u>Time</u>
III.	#	Summary of Incident (by Report FROM CHIEF CO ASHLEY STA BESAL MASTU	PRIS	29C	565 E Wás	THAT	0-1-1-	4 WHIL	E AT
IV.		Weapon Certification Date: Ammo Type			Type Weather		Seria Ligh	1# nting:	
	D.	Reason for Weapon Use: 1. Gain control of inmate 2. Prevent escape 3. Accidental discharge 4. Warning shot (s)				5. Stop J			
Y		Property Damages? If yes, expla	in			N.	- GR		×

Wardens/Superintendent comments/macommendations - Francisco por Pro-

VL

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		A Thomas of the sales of the sa
21-515		ATTACHMENT SOP IIB03-000
in .	WITNESS STATEMENT	27 537 5
Autry S.D	2-4-15 TIME	FILE NUMBER
Su HO TOOZE		INMATE <u>GDC</u> NUMBER
INSTITUTION OF ANORESS	648. Pelham 64. 317	79
SWORN STATEMENT		
I, larra Sut		STATEMENT UNDER OATH:
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(9-23-150-	I made NH round	s and did
make Cor	tant to the Ashey	Diamond
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to unw	anted IM Diamond	W/a.
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EXHIBIT	INITIALS OF PERSON MAKING STATEMENT	PAGE 1 OF 2 PAGES
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Case 5:15-cv-00050-MTT Document 49-8 Filed 05/18/15 Page 9 of 18 p.9 2292492785 VSP Mar 10 15 07:15a ATTACHMENT 3 SOP U805-0001 STATEMENT (Continued) HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE I AND ENDS ON PAGE
CORRECTIONS AND HAVE INITIALED THE CONTINUOUS OF THE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL
OF BENEFIT OR REWARD, WITHOUT THRUST OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INLUMENCE, OR UNLAWFUL INDUCEMENT. WITNESS(ES): (Signature of Person Haking Statement) Subscribed and sworn to before me, a person authorized by law to administer paths, this ____ day of __ INSTITUTION OR ADDRESS (Signature of Person Administering Oath) (Typed Name of Person Administering Oath)

INTTALS OF PERSON MAKING STATEMENT

(Authority to Administer Oath)

PAGE 2 OF 2 PAGES

		Attachment 3 (SOP IIBC8-0001)
	WALDOSTA State Priso	II.
Use	Force/Serious Incident Report Cover	sheet PREA
		K parameter
	14	
	ASHLEY Date:	1-28-15
nmaie NameAMO~		(a) (b)
4	290565	in the state of the state of
Trecklist:	Yes Ver	NoPending
1. Use of Force	YeYe.	
2. Supplemental Use of Furbe.	Ye	s No × Pending
3. Videotape	Ye Ye	š No <u>.</u> ≤
4. Photos	volvedYe	s No X rending
5. Witness stateuren's from an I	Ye Ye	s No × Pending
6. Disciplinary Report filed	Ye Ye	s. Nc × Pending
7. Medical Reports	Lls Ye	s No × Pending
8. Mouta Health Reput Statement	Ye Ye	
9. Chain of Evidence	Y	No X Pending
10 Use of Weapons Report	Y Y.	
F. E.	The state of a reason with	
If pending is checked on an	of the above, state the reason why	j .,
# 31 *		
E .	2215	. NA
a tribe Destination I Date I	errived 2-2-15 2. Date video	otape reviewed:
Captain's Review: 1. Date 1	H	
3. Rating of Incident: Major:	Serious: Minor:	Unuscal:
3. Rading of Literature		
T/m Stod	a grievance on 12	19-14 on an incided
4. Comments: While a	1-1-14 - The	TE 5 no record o
Contact with 5th	ely Team or any no	lation in Scribe
incident occurring	ned on 1-1-14- The	sexual remiser
2	<u> </u>	
5	1-(100
5. Signature of Captain:		w. I
	nololie	NI
Transa Warden's Review: 1. D	te received 2/2/15 2. Date vid	eotape reviewed: —————
Definit Marien 2 results 1. 7. 7.	1/	1
	/	
3. Comments:		
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	100	
	(0)	ea)
4. Signature of Deputy Warden		ea
4. Signature of Deputy Warden		ca)
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4. Signature of Deputy Warden Warden's Review:		ca)
Warden's Review		ea)
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Warden's Review: 1. Date received:	No	ea .
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GEORGIA DEPARTMENT OF CORRECTIONS VALDOSTA STATE PRISON & LOWNDES UNIT

P.O. Box 310

Valdosta, Georgia 31603-0310 Information (229) 333-7900 Fax (229) 333-5387

Nathan Deal Governor

Brian Owens Commissioner

INCIDENT REPORT SUMMARY

Marty C. Allen, Warden TO.

ME CRACKEN FROM:

UARY 28, 2015 DATE:

ALLEGATION RE:

GRIEVALLE PATED 12-19-14 RECEIVED FROM CHIEF CONSELOR WOODS WRITTEN BY T/M GDC # 1000 290565 , THAT DIAMOND ASHLEY 1-1-14 WHILE AT VALDOSTA STATE PRISOL WAS SLEEPING WHEN AN INMATE MASTURBATINE AND RUBBED HIS PENIS ON INMATE DIAMOND'S FREE AND BUTTOCKS, HE REPORTED THE THEIDENT TO MULTI- FUNCTIONAL OFFICER GONZALEZ AND MH COV-SELOR WITH CONTACT HO RECORD OF MOTE: SCRIBE NOTE IL

Case 3.13-04-00030-1411 Document 43-0 Hea 03/10/13 Lade 13 0/1	Case 5:15-cv-00050-MTT	Document 49-8	Filed 05/18/15	Page 13 of 1
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2292492785 p.12 **VSP** Mar 10 15 07:16a A CACHMENTS SOP IIB05-0001 5/15/2005 WITNESS STATEMENT FILE NUMBER LOCATION DATE: TIME: 1-28-15 17:00 Valdosta State Prison STATE ID NO. LAST NAME, FIRST NAME, MIDDLE NAME EMPLOYEE'ID NUMBER 1046776 MCCRACKEN W. DAVID INSTITUTION OR ADDRESS VALDOSTA STATE PRISON SWORN STATEMENT BSOLUTELY NO KNOWLEDGE RECORD DIAMOND GDC # 1000 290 545 WHILE ASSAULTED DM DM DM EXHIBIT ENTITALS OF PERSON MAKING STATEMENT

DDITIONAL PAGES MUST CONTAIN THE FEADING "STATEMENT OF TAKEN AT DATED CONTINUED," THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE OF PAGES" WHEIN DDITIONAL PAGES ARE UTILIZED, THE BACK OF MAGE I WILL BE LINED OUT, AND THE STATEMENT WILL BE CONGLUDED ON THE REVERSE DE OF ANOTHER COPY OF THIS FORM

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Case 5:15-cv-00050-MTT Document 49-8 Filed 05/18/15 Page 14 of 18

(Reproduced locally)

Mar 10 15 07:16a	VSP II	TT Document 49-8	3 Filed 05/18/15 Page 15 2292492785	of 18 p.13
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1991			(Signature of F Subscribed and sworp to before me, a	croon Making Statement WITNESS person authorized by lav
		au	to administer oaths, this day	of 20
* =				TUTION OR ADDRESS
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8 \$ 0 (ctc p)*** 0 co. 2 \ 4 / 4 c	E. Carda Y Maday Times 1 and		(Аивоо	ity To Administer Oath)
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Case 5:15-cv-00050-MTT Document 49-8 Filed 05/18/15 Page 16 of 18

TATION SCHEDOFE:

enimalation of this form it will be alsoed to a fir a the Origination Coordinator's office

Case 5:15-cv-00050-MTT Document 49-8 Filed 05/18/15 Page 17 of 18 2292492785 p.14 VSP Mar 10 15 07:16a AFTACION E. SOP IIB 08-0001 (209 04) 11/10/2014 WITNESS STATEMENT TIME PLACE DATE FILE NUMBER 7/2/15 LAST NAME, FIRST NAME, MIDDLENAME EMPLOYEE IDNUMBER. STATE ID NO. 00991471 State Prison SWORN STATEMENT - Sholanda Course le Z WANT TOMAKE THE FOLLOWING STATEMENT UNDER OATH: I have no knowledge of Ilm Dlamond, Ashley # 1000 290665 being sentilly associted on 1/1/14
End of statement

ADDITIONALPAGESMUST	CONTAINTHEHEADING	"STATEMENT OF	TAKENAT	DA D	CONTINUED " TH	EBOTTOMOR	FEACH
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THEN ADDITIONAL PAGES A		OF PAGE I WILL BE	ELINEDOUT, AI	ND THE STAT	EMENT WILL BE CO	NCLUDED ON	4 THE
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XHIBIT

PAGES

PAGE 1 OF

Case 5:15-cv-00050-MTT Document 49-8 Filed 05/18/15 Page 18 of 18 p.15 2292492785 VSP Mar 10 15 07:17a ALTACHEMINES SOP H308 (900) 11/10/2014 STATEMENT (Continued) AFFIDAVIT HAVE READ OR HAVE HADREAD TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 I FULLY UNDERSTAND THE CONDICIONS OF THE ENTIREST ATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. THAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFULINDUCEMENT Signature of Perion Missing Statement) WITNESS Subscribed and sworn to before me, a person authorized by law to administer oaths, this day of INSTITUTION OR ADDRESS (Signature of Person Administering Oath) (Typed Name of Person Administering Oath) INSTITUTION OR ADDRESS (Authority To Administer Onta) NITIALS OF PERSON MAKING STATEMENT PAGE PAGES

TENTION SCHEDULE:

300

an completion of this form, it shall be maintained locally for three years with the incident report and then destroyed.

Exhibit F

Mar 10 15 07:17a

FROM:

VSP

2292492785

p.16

FAX NO. : 4784454997

Feb. 03 2015 04:52PM P3



GEORGIA DEPARTMENT OF CORRECTIONS COMMISSIONER'S OFFICE State Office South at Tift College



DATE:

02/09/2014

TO:

DIAMOND, ASHLEY ALTON 1000290565

BALDWIN STATE PRISON

FROM:

MCKINNON, MELISSA

VALDDSTA STATE PRISON

RE:

FORMAL, 189275, 02/09/2014

This memorandum is in response to your grievance 189275 that was filed on 02/09/2014 Upon review, it has been determined that due to the nature of the allegation, a request for a formal investigation is warranted.

Therefore, your grievance has been forwarded to the Georgia Department of Corrections Internal Investigations Unit on 01/27/2015 for review. That Unit will determine what action is appropriate. As a result, this letter serves as the formal response to your grievance and effectively closes your grievance. The decision to forward your grievance to the Internal Investigation Unit and close your grievance is not appealable.

DIAMOND, ASHLEY ALTON 100029056

MCKINNON, MELISSA

1-27-15

Mar 10 15 07:17a

VSP

2292492785

p.17

ATTACHMENT SOP IB05-00

STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION:	VALDOSTA STATE	PRISON	DATE	2/05/15		
TO: GRIE	VANCE COORDINA	OR/ALTERNATE	GRIEVANCE COORDII	VATOR		
FROM: S. Bro	ockington					
OFFENDER: NA	ME: Diamond, As	shley	GRIEVANCE#189275			
GDC #: 10002	90565					
INMATE'S BASI	C ALLEGATION OR	COMPLAINT:	8			100
Prison when an	2/09/15 while atter unknown white m is in him. Stabbed	ale attacked him	education he went to and put him in a choke and escaped.	use to bathe ehold pulled o	room at Valdost down his and att	a Stai empte
		4				
SUMMARY OF I recommend gri	INVESTIGATION: evance be forw a rded	d to Internal Affairs		1 9		
0/	-					
STAFF SIGNAT	URE:		2/0 5 /15 DATE:			
Concur with Sta	ff Findings: Yes: D	No: oordinator: DATE:	S.W0 02/05/15	oob		
ETENTION SCH	EDULE: Upon comple	tion of this form, it v	will be placed in a file in the	(Reproduced Grievance Coo	locally) rdinator's office	