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

ASHLEY DIAMOND, )
) 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:

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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  
Georgia Department of Corrections Mental Health Progress 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
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
WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:  Diamond, Ashley
GDC #:  1000290585
Grievance Number:  163506
Facility:  Rutledge State Prison

RESPONSE TO GRIEVANCE:

Denied

Warden's/Superintendent's signature  12-30-13
(date)

I ACKNOWLEDGE RECEIPT OF 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.
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

INMATE'S BASIC ALLEGATION OR COMPLAINT:
Inmate alleges that he is not receiving proper treatment for his medical needs. He says that he treatment for gender identity 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 MMH Nurse and was given the same information. Accordingly, I have found no evidence to support inmate's allegations and recommend this grievance be terminated at the institutional level.

STAFF SIGNATURE: [Signature]

DATE: 12-19-13

Concur with Staff Findings: Yes: ☐ No: ☐

Grievance Coordinator: [Signature]

(REPRODUCED LOCALLY) Upon completion of this form, it will be placed in the Grievance Coordinator's office.
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 met with you and Dr. Thompson 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. 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

WITNESS STATEMENT

PLACE: Rocky Mount Mental Health Services

DATE: 12/17/13

TIME: 14:00

LAST NAME, FIRST NAME, MIDDLE NAME: SILVER, DANA

INSTITUTION OR ADDRESS: J175 Manor RO Columbus GA 31908

STATE ID NO.

EMPLOYEE ID NUMBER:

FILE NUMBER:

I, DANA SILVER MO, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH.

Inmate Ashley Diamond GOC #100270565 was seen by myself for initial evaluation on 10/9/13. He was seen for follow up by myself and Dr. Thompson on 11/20/13, at which time he reported feeling “disconnected” from his feelings and stated while at Baldwin SP he received individual treatment from a gender specialist Dr. Sidney (of which there is no documentation). He was assessed by me for depression, anxiety and psychosis and he denied suicidal/homicidal ideation, delusions or vegetative 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 counselor regarding emotional issues. He then placed a medical service request on 12/17/13 reporting anxiety and depression, and not receiving specialized treatment. He was assessed on 12/19/13 by myself and Dr. Thompson and Mr. Sidney Moore (MMJ). At this time he reported taking his medications, having improved mood, and he denied suicidal/homicidal ideation, psychotic/vegetative symptoms.

He again stated he had received “specialized treatment” at Baldwin and felt he would pick treatment back at that facility.

We informed Inmate Diamond that the diagnosis of Gender Identity Disorder has not been changed in the DSM-5 to Gender Dysphoria and that we will assist him with any distress or depression associated with his gender identity issues. I continue his current medication and schedule a follow up appointment for 4 weeks time.

EXHIBIT

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES


(Reproduced locally)
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 regard 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. HIB05-0001.

(X) 1ST REQUEST
( ) 2ND REQUEST
( ) 3RD REQUEST
WITNESS STATEMENT

PLACE: Mental Health Services
DATE: 12/17/13 TIME: 1100

LAST NAME, FIRSTNAME, MIDDLE NAME: Thompson
EMPLOYEE ID NUMBER:
STATE ID NO.

INSTITUTION OR ADDRESS: 7175 Manor Road Columbus OH 43219-3409

SWORN STATEMENT

I, J.M. Thompson, M.D., want to make the following statement under oath:

On 12/10/13 I met with inmate Ashley Diamond, 660 F 1000 290 555, in concert with Dr. Silver. Inmate Diamond had written a Medical Services request form indicating his desire for specialized treatment for Gender Identity Disorder, claiming that he had received individualized treatment sessions at Baldwin St. from a mental health counselor, Dr. Sloan. There is no documentation in his Mental Health Chart from Dr. Sloan regarding these sessions. Dr. Silver and I informed inmate Diamond that the diagnosis of Gender Identity Disorder has been changed to Gender Dysphoria, and that our anxiety, depression, or other emotional problems associated with his gender identity issues could be competently addressed by his Mental Health Counselor, Dr. Bates. We became very argumentative, as we thought she was not “a therapist” or “specialist.” Sidney Moore, with whom I met with him later the same day and communicated the same information to him.

EXHIBIT INITIALS OF PERSON MAKING STATEMENT PAGE OF ______ PAGES


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CONFIDENTIAL
Offender GRIEVANCE FORM (Facsimile)  Attachment 1
SOP II.B05-0001

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME: Ashley Diamond
OFFENDER NUMBER: 10002905165

INSTITUTION: Jack Irutledge
GRIEVANCE NUMBER: 163506

DATE COMPLETED FORM RECEIVED FROM OFFENDER: 11-26-13
DATE APPEAL RECEIVED: 

DESCRIPTION OF INCIDENT:
11/25/13 met with the psychologist Dr. Thomson and psychiatrist Dr. Silver in regards to treatment for Gender Identity Disorder. They told me that they weren't going to treat Gender Identity Disorder at Irutledge. I am appealing the denial of treatment for my various medical needs. I also the same day received a letter from the Warden of Care and treatment saying the same.

RESOLUTION REQUESTED:
Treatment for my Gender Disorder by transferring me to a facility that has doctors qualified to treat me.

Ashley Diamond
OFFENDER Signature

Date: 11/26/13

Is the grievance being filed within the 10 day time limit? Please answer: Yes or No. If the answer is No, please explain why.
Exhibit B
GEORGIA DEPARTMENT OF CORRECTIONS
OFFICE OF INVESTIGATIONS & COMPLIANCE
INMATE AFFAIRS UNIT
P.O. BOX 1529
Forsyth GA 31029

Nathan Deal
Governor

Brian Owens
Commissioner

GRIEVANCE APPEAL RESPONSE

Offenders Name: Diamond, Ashley Alton
GDC#: 1000290565

Grievance Number: 173610/06
Facility Valdosta State Prison

A member of my staff has reviewed your grievance. You allege that on 06/15/2014 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 inmates 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

7-30-14
Date

I acknowledge receipt of the above response on this date:

Date
I reject the Warden/Superintendent's response to my grievance. The basis for this appeal is as follows: There is a medical reason for my eyebrow adornment. It is called Gender Identity Disorder. Valdosta State Prison is providing me with no treatment and the only real life experience I can have is that I have had my eyebrows that way for 17 years. I am not male. I am female and it is very disrespectful to continue to refer to me as the wrong pronoun. The facility continues to torture me in various ways. And I want immediate relief.

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.

INMATE'S SIGNATURE: [Signature]
DATE: 6-18-14

(Reproduced locally)
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CONFIDENTIAL
Offender GRIEVANCE FORM (Facsimile)

Institutional staff use only.

Offender Name: Ashley Diamond
Offender Number: 1006270565

Institution: Valdosta State Prison
Grievance Number: 1730710

Date Completed Form: [Handwritten]
Received by: [Handwritten]

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:
On May 15, 2014, during inspection I was told by the warden that he didn’t like my eyebrows and was not going to do that. "This is a man’s facility," I found that to be offensive as I am a woman. I am transgendered as it is well documented. If Valdosta can’t respond to the needs of the transgender community then I should be sent to a facility that can house me as I am without incident and safety. As I have requested transfer, it is for safety and medical reasons numerous times. Gender Identity Disorder is a serious condition, and I deserve fair and impartial treatment and respect.

Resolution Requested:
To be transferred to a facility that is better equipped to handle transgender as well as it being medium security, as I am both and to have GDC staff respect the transgender community by referring to them as preferred pronoun and treating their disorder.

Ashley Diamond 5-22-14
Offender Signature

Date

Is this grievance being filed within the 10 day time limit? Please answer: Yes or No. If the answer is No, please explain why.
WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name: Ashley Diamond
GDC #: 1000290565
Grievance Number: 173610
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.

Acknowledged receipt of the above response on this date: 6-8-14

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.
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.
   c. Hair shall not cover any part of the ears or eyebrows.

2. 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. Goatees, beards, and similar facial adornments are prohibited unless medically indicated.

F. Hair Care Guidelines for Female Inmates/Probationers:

1. Hair must be clean, well groomed, and neat. If dyed, must look natural, matching natural color.
STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: Valdosta State Prison

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: S. Wright

OFFENDER NAME: Diamond, Ashley

GDC #: 1000290585  GRIEVANCE #: 173610

INMATE'S BASIC ALLEGATION OR COMPLAINT:

Inmate alleged on 5/15/14 during inspection he was told by the Warden that he (Warden) did not like inmate’s eyebrows and that this is a men’s facility. Inmate stated he was offended because he is a woman (transgendered).

SUMMARY OF INVESTIGATION:
Inmate is clearly a man, not a woman. I recommend grievance be denied.

[Signature]
STAFF SIGNATURE:

DATE: 5/28/14

Concur with Staff Findings: Yes: □ No: □

[Signature] S. Wood

Grievance Coordinator:

Date: 05/28/14

(REPRODUCED LOCALLY)

RETENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator’s office.
CONFIDENTIAL
Offender GRIEVANCE FORM (Facsimile)

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME: Ashley Diamond

INSTITUTION: Valdosta State Prison

OFFENDER NUMBER: 1000290565

GRIEVANCE NUMBER: 173010

DATE COMPLETED FORM RECEIVED FROM OFFENDER: 5/27/14

DATE APPEAL RECEIVED:

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:
On May 15, 2014, during inspection I was told by the warden that he didn't like my eyebrows and we aren't going to do that. This is a women's facility; I found that to be offensive as I am a woman. I am transferred as it is well documented if Valdosta can't respond to the needs of the trans community, then I should be sent to a facility that can house my kind, efficiently and safely. As I have requested transfer for safety and medical reasons numerous times. Gender Identity Disorder is a systemic condition and I deserve fair impartial treatment & respect.

RESOLUTION REQUESTED:
To be transferred to a facility that is better equipped to handle transgender as well as it being medium-security, as I am both and to have GDC staff respect trans community by referring to them as proper pronouns and treating their disorder.

Ashley Diamond

5.22.14

In this grievance being filed within the 16 day time limit? Please answer. ☐ Yes or ☐ No. If the answer is No, please explain why.
Exhibit C
CENTRAL OFFICE APPEAL RESPONSE

Offender's Name: Diamond, Ashley
GDC#: 100290565
Grievance Number: 180025
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 pending 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 YouTube. 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.

Lisa Fountain, Interim Manager
Inmate Affairs Unit

11-18-2014 (date)

I acknowledge receipt of the above response on this date:

Ashley Diamond
Offender's signature

11-26-14 (date)
WARDEN'S/SUPERINTENDENT’S GRIEVANCE RESPONSE

Offender's Name: Ashley Diamond
GDC #: 1000290565
Grievance Number: 180025
Facility: Valdosta State Prison

RESPONSE TO GRIEVANCE:

You are housed in Tier 1 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.

Warden/Superintendent’s signature 9-27-14
(date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE: 10-9-14
(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.
I have been on the I program pending investigation for phone
I was found to have been a drug user. I have someone to help me
in getting my situation under control. I would like to
clarify the situation because of the investigation but because of the involvement
of people I trust. I am not sure how I got into the situation. I am working to
clarify my position and would like a full investigation on my behalf.

8/20/19

[Signature]
I reject the Warden's/Superintendent's response to my grievance. The basis for this appeal is as follows: Mr. Emmons or any staff at Valdosta State Prison, never asked for that information, or answered any letters in regards to that information. Internal investigations should have been involved from the beginning. Valdosta State 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 inmates in trouble. I then asked him why he never responded to my pleas for help. Staff even withheld public information in regards to a prea audit or address to communicate w/ privately. D.O.C. failed to protect me period. There needs to be investigated.

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.

INMATE’S
SIGNATURE: ____________________________ DATE: ____________________________

(REPRODUCED LOCALLY)

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

OFFENDER NAME: Ashley Diamond

INSTITUTION: Valdosta State Prison

DATE COMPLETED FORM RECEIVED FROM OFFENDER: 8/20/14

DATE APPEAL RECEIVED: 8/20/14

BY: M. Mckinney

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:

I, inmate Ashley Diamond, in Teir-I program, pending investigation for phone activity, although (no phone was found impersons or property). Videos for help have been placed on YouTube. I am grieving my personal safety and mental health by being housed at Valdosta State Prison, pending investigation but because of staff involvement in making videos to supposedly "help us. The safety of me (all) is a big concern as well as retaliation for disclosing info about staff involvement in filming. There can be total consequences for all involved unless Internal Affairs moves me and does a full investigation on our plea for help.

RESOLUTION REQUESTED:

______________________________
Ashley Diamond

Signature

Date: 8/20/14

Is this grievance being filed within the 10 day time limit? Please answer Yes or No. If the answer is No, please explain why.

______________________________
WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name: Ashley Diamond
GDC #: 1000290565
Grievance Number: 180025
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.

[Signature]
Warden/Superintendent's signature
9-17-14
(date)

[Signature]
Offender's signature
I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:
10-9-14
(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.
STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: Valdosta SP

DATE: September 9, 2014

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: Wright

OFFENDER: NAME: Diamond, Ashley

GDC #: 100290566 GRIEVANCE #: 180025

INMATE’S BASIC ALLEGATION OR COMPLAINT:

Inmate allege he is grieving his personal safety while being housed 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.

[Signature] [9/9/14]

Concur with Staff Findings: Yes: No: [Signature] [9/10/14]

(Reproduced locally)

RETENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator’s office.
OFFENDER NAME: Ashley Diamond

INSTITUTION: Valdosta State Prison

OFFENDER NUMBER: 1V00790568

GRIEVANCE NUMBER: 150-25

DATE COMPLETED FORM RECEIVED FROM OFFENDER: 6/5/14

DATE APPEAL RECEIVED: 8/6/14

DESCRIPTION OF INCIDENT:
I inmate Ashley Diamond, in Tier I program, pending investigation for phone activity, although (no phone was found in persons or property) videos for help to have been placed on YouTube. I am grieving my personal safety and mental health being housed at Valdosta State Prison pending investigation but because of staff involvement in making videos to supposedly help us the safety of me (all) is of a big concern as well as regulation for disclosing info about staff involvement in filming. There can be fatal consequences for all involved unless Internal Affairs moves me and does a full investigation on our pleas for help.

RESOLUTION REQUESTED:

[Signature]

Date: 8/20/14

[Signature]

Offender Signature

This grievance being filed within the 10 day time limit? Please answer: ☐ Yes or ☐ No. If the answer is No, please explain why.

[Signature]

Date: 8/20/14

[Signature]
Sworn Statement

I, Shawn Emmons

Want to make the following statement under oath:

Inmate is in Tier 1 Disciplinary housing for using a cell phone to place videos on YouTube. Inmate is housed with one of the inmates who appeared in the film within.

Inmate has not given any statement about what staff member aided this video endeavor. Inmate Diamond has not stated what specific safety concerns he has or by whom. Inmate Dino not have a resolution listed, therefore unable to resolve this grievance.
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Case 5:15-cv-00050-MTT Document 49-6 Filed 05/18/15 Page 11 of 13
MEMORANDUM

TO: Grievance Coordinator, Baldwin State Prison

FROM: Shunda Woods, Chief Counselor / Grievance Coordinator

DATE: October 01, 2014

RE: Diamond, Ashley 1000290565 180025

Inmate Name / ID / 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 5:15-cv-00050-MTT   Document 49-6   Filed 05/18/15   Page 13 of 13

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME
Ashley Diamond

OFFENDER NUMBER
VD0290565

INSTITUTION
VALDOSTA STATE PRISON

GRIEVANCE NUMBER
8-28-14

Date Completed Form Received From Offender

Date Appeal Received

DESCRIPTION OF INCIDENT:
I, Inmate Ashley Diamond, in Teir I program, pending investigation for phone activity, although [blacked out] videos for help have been placed on YouTube. I am appealing my personal safety and mental health being housed at Valdosta State Prison pending investigation but because of staff involvement in making videos to supposedly help us the safety of me [blacked out] as well as retaliation for disclosing info about staff involvement in filming. There can be fatal consequences for all involved unless Internal Affairs moves me and does a full investigation on our plea for help.

RESOLUTION REQUESTED:

[Signature]
Ashley Diamond

Date
8/20/14

CONFIDENTIAL
Offender GRIEVANCE FORM (Facsimile)

Attachment 1
SOP H305-0001

This form must be completed in ink. You must include specific information concerning your grievance to include dates, names of persons involved, and witnesses.

Is this grievance being filed within the 10 day time limit? Please answer: ☐ Yes or ☐ No. If the answer is No, please explain why.

[Signature]

[Signature]

[Signature]
Exhibit D
MEMORANDUM

TO: Ashley Diamond GDC# 1006290565
FROM: Cherie Price, Deputy Warden of Care and Treatment
DATE: 2/4/13
SUBJECT: Grievance Rejection

Per SOP III05-09, 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 grievance filing limit (only 2 active)
_____ Grievance was submitted through mail without following proper grievance procedure
_____ Grievance includes threats, profanity, or racial slurs
_____ Formal Grievance form not attached
_____ Non-grievable 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 institutions
   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

Committed To Excellence
Description of Incident: 11/13/13 I was called out to meet with Captain Guthrell regarding a PREA report in which I responded accordingly. The problem was mainly by acting with deliberate indifference to a prison condition that has exposed an unreasonable risk of serious harm by informing the accused of other inmates which I share living quarters with of the complaint made by me. I was a convicted killer, Mental Health staff advised me that no one would specify their presence, agreed that wasn't held as a request to meet with Mental Health staff officials to remedy the above reasons.

The signature of the inmate sent the grievance being filed within the 5 day time limit? Please answer Yes or No. If the answer is No, please explain why.

WARDEN'S / SUPERINTENDENT'S RESPONSE

DENIED RECEIVED DATE

DENIED / SUPERINTENDENT'S SIGNATURE

APPEALABLE ☐ NOT APPEALABLE ☐ SUSPEND PENDING INTERNAL INVESTIGATION

DATE

NOTICE RECEIVED OF THE ABOVE RESPONSE ON THIS DATE

DATE

APPEAL RETURN THIS FORM AND THE APPEAL FORM TO YOUR COUNSELOR OR GRIEVANCE COORDINATOR IN FIVE (5) BUSINESS DAYS OF RECEIPT OF THE WARDEN'S / SUPERINTENDENT'S RESPONSE

COMMISSIONER'S OFFICE, EXECUTIVE ASSISTANT'S RESPONSE

CUSTODY ASSISTANT RECEIVED DATE
Offender Grievance
DIAMOND, ASHLEY ALTON-GDC ID 1000290565
Grievance No. 141823 - Status: PENDING RESOLUTION

Facility Grievance Against: BALDWIN STATE PRISON
Grievance Date: 01/14/2013
 Expedited Grievance: ☐ Yes ☑ No
 Response Due Date: 03/09/2013
 Complaint/Resolution: 1/17/13 I was called out to meet w/Captain Gottrell & asked about a PREA report in which I reported accordingly. He then by acting with deliberate indifference to a prison condition that was unreasonable risk of serious harm by informing the accused, in the earshot of other inmates, which I share living quarters with of the complaint made by me. The accused is a convicted killer.

Grievance Type: FORMAL
Form Received Date: 01/22/2013
Grievance Category: STAFF NEGLIGENCE

Click Here to Add a Person
Click Here to Link to an Incident Report

Status: NONE
Comments:

SAVE CANCEL

© 1998 - 2002 Georgia Department of Corrections
Send your system questions and recommendations to us
Memorandum

Date: 1/24/13

To: Area Supervisor - Dr. Sloan

From: Deputy Warden of Care & Treatment - Cherie Price

Re: Informal Grievance

The attached informal grievance from Inmate Diamond Ashley, ID # 10002905105, was received in my office. I am requesting the following action(s) be taken:

- Meet with inmate and explain standard operating procedures regarding his request.
- Schedule and meet with this inmate and discuss the status of this request.
- Follow up and provide documentation of follow up.
- Advise this should be handled through disciplinary hearing and or disciplinary appeal process.
- Advise this should be handled through medical co-pay appeal process.

The necessary action(s) will need to be taken and a response provided to my office by 1/31/13 (no later than 5 days from receipt). The inmate should sign and date below as well as the staff who discusses it.

Matter discussed:

Inmate alleges on 1/7/13 he was called to meet with Captain Jett to discuss aBLOCK report. The Captain asked him to an unacceptable level of perceived danger by informing the accused of another inmate’s mental health advisory. The above was discussed with me and the problem is being resolved.

Inmate Signature / Date

Staff Signature / Date
Case 5:15-cv-00050-MTT   Document 49-7   Filed 05/18/15   Page 6 of 9

WITNESS STATEMENT

NAME, FIRST NAME, MIDDLE NAME
Gateil Michael

DATE 1-28-13
TIME 07:57

SOCIAL SECURITY ACCOUNT NO.
STATE SERIAL NO.

TURNOVR OR ADDRESS
Baldwin State Prison

I hereby declare under penalties of perjury that the information contained herein is true and correct to the best of my knowledge.

Michael Gateil

For the Court.

INITIALS OF PERSON MAKING STATEMENT


APPROVED

MAY 18, 2015

MANAGING DIRECTOR

FORM: ITB 055

PAGES 1 OF 1 PAGES

JUDICIAL OFFICE MUST CONTAIN THE HEADING "STATEMENT OF" TAKEN AT DATED CONTINUED." THE BOTTOM OF EACH PAGES MUST BE THE CLEAR OF THE COURT MAKING THE STATEMENT AND BE INITIALED AS "PAGE 1 OF _ PAGES._" ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON T
Memorandum

Date: 1/14/13

To: Area Supervisor

From: Deputy Warden of Care & Treatment- Charlee Price

Re: Informal Grievance

The attached informal grievance from Inmate Diamond Ashley, I.D. # 1000290565, was received in my office. I am requesting the following action(s) be taken:

___ Meet with inmate and explain standard operating procedures regarding his request.
___ Schedule and meet with this inmate and discuss the status of this request.
___ Follow up and provide documentation of follow up.
___ Advise this should be handled through disciplinary hearing and/or disciplinary appeal process.
___ Advise this should be handled through medical co-pay appeal process.

The necessary action(s) will need to be taken and a response provided to my office by 1/31/13 (no later than 5 days from receipt). The inmate should sign and date below as well as the staff who discusses it.

Matter discussed:

The allegations on 1/7/13, he was called to meet w/ Captain Rettig, asked about a PAPR report. I'm alleging he has exposed him to an unreasonable risk of serious harm, by informing the accused, a coworker of other inmates which share living quarters. Mental Health advised the allege that none of the allegations was to be accepted and was not upheld.
Witness Statement

Date: 1/29/13

Name: Stephen L.

Social Security Account No.: 402-70-8073

STATEMENT

I was advised that following the evaluation, the specially trained counselor would immediately notify the Security Department. I was also asked if I was interested in the specially trained counselor being present during the interview.

Counselor Ms. Matthews clearly stated that the inmate did not want to talk to Security. I verbally informed the Captain that the inmate did not want to talk with Security. I was informed that the inmate's wishes were not adhered to.

Dr. Steve Skill

Initials of person making statement: SLS

PAGE 1 OF 1 PAGES
Memorandum

Date: 1/8/13

To: Area Supervisor  Cpt. Mitchell, Dr. Sloan

From: Deputy Warden of Care & Treatment- Charlie Price

Re: Informal Grievance

The attached informal grievance from inmate Diamond Ashley, L.D. # 10000705 was received in my office. I am requesting the following action(s) be taken:

☐ Meet with inmate and explain standard operating procedures regarding his request.
☐ Schedule and meet with this inmate and discuss the status of this request.
☒ Follow up and provide documentation of follow up.
☐ Advise this should be handled through disciplinary hearing and or disciplinary appeal process.
☐ Advise this should be handled through medical co-pay appeal process.

The necessary action(s) will need to be taken and a response provided to my office by 1/21/13 (no later than 5 days from receipt). The inmate should sign and date below as well as the staff who discusses it.

Matter discussed:

The allegations on 1/7/13 by the inmate stated that on 1/7/13 he was called to meet with Capt. Mitchell, who advised he would need to complete a PSS A report. The inmate was transported to an unreasonable risk of serious harm by informing the accused to which the charges for mental health breached. The allegations are as follows:

The above was discussed with me and the problem is being resolved.

[Signature and date]

Inmate Signature / Date

[Signature and date]

Staff Signature / Date
Exhibit E
DATE: 01/01/2014

TO: DIAMOND, ASHLEY ALTON 1000290565
   BALDWIN STATE PRISON

FROM: MCKINNON, MELISSA
      VALDOSTA STATE PRISON

RE: FORMAL, 189277, 01/01/2014

This memorandum is in response to your grievance 189277 that was filed on 01/01/2014. 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.

Ashley Diamond
DIAMOND, ASHLEY ALTON 1000290565

Mckinnon 1-27-15
Mckinnon, Melissa
STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: VALDOSTA STATE PRISON

DATE: 2/05/15

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: S. Brockington

OFFENDER: NAME: Diamond, Ashley GRIEVANCE#189277

GDC #: 1000290566

INMATE’S BASIC ALLEGATION OR COMPLAINT:

Inmate alleges on 1/01/14 he was sexually assaulted by an inmate at Valdosta State Prison in Tier program he was sleeping when the inmate unclothed, began masturbating and rubbing his penis on his face and buttocks.

SUMMARY OF INVESTIGATION:

I recommend grievance be forwarded to Internal Affairs.

[Signature]

STAFF SIGNATURE: 2/05/15

DATE:

Concur with Staff Findings: Yes: [ ] No: [ ]

Grievance Coordinator: S. Wood

DATE: 02/05/15

(REPRODUCED LOCALLY)

ATTENTION SCHEDULE: Upon completion of this form, it will be placed in a file in the Grievance Coordinator’s office.
CONFIDENTIAL
Offender GRIEVANCE FORM

OFFENDER NAME: Ashley Diamond
INSTITUTION: Baldwin
OFFENDER NUMBER: 1000790565
GRIEVANCE NUMBER: 189277

DATE COMPLETED FORM RECEIVED FROM OFFENDER: 12/12/14
DATE APPEAL RECEIVED: 1/1

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

DATE & DESCRIPTION OF INCIDENT:

Approx. 1-1-14 I was sexually assaulted by an inmate at Valdosta State Prison in their program. I was sleeping on the bottom bunk when the inmate, unclothed, began masturbating and rubbing his penis on my face and buttocks. I reported to Counselor Gonzalez and filed a statement with Ms. Sutton. This was all unwanted sexual contact. I also wrote Commissioner.

REQUESTED

I request GDC officials to follow area guidelines and reevaluate my placement in its facilities. Closed security inmates given my transgender and HIV status take steps to reduce harm/assault (sexual/physical). And do confidential investigation.

OFFENDER Signature: Ashley Diamond
DATE: 12-19-14

Is this grievance being filed within the 10 day time limit? Please answer Yes or No. If the answer is No, please explain why.

I suffer from PTSD from assaults. No time limit applies to SJA grievances under PREA.
GEORGIA DEPARTMENT OF CORRECTIONS
STATE OF GEORGIA

Incident Report

Facility: VALDOSTA STATE PRISON
Military Time: 01/28/2015 11:40
Number: 179038

Incident Type: MAJOR
Use Of Force: NO
Nature of Incident: SEXUAL ALLEGATION
Wireless Devices Found: 0
Incident Location: DORMITORY
Chemical Incident: NO

Facility Mechanical Breakdown: NO
Incident Video Taped By: INCIDENT NOT VIDEO TAPED
Reporting Official: DAVE MCCREACKEN MENTAL HEALTH UNIT MANAGER
Property Damaged: NO

Damage Description:
Damage Amount: 0

Warden's Recomm./Comments:
Forward per PREA Policy.

Summary of Incident:
Grievance dated 12/19/14 received from Chief Counselor Woods written by Inmate Diamond, Ashley GDC41600290565, that on 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

Involvement | Injured | Action Taken | Use Of Force | Weapon Type | Weapon Reason | Weapon Serial No | Weapon Cert Date | Weapon Cert Type | Reviewed Video
--- | --- | --- | --- | --- | --- | --- | --- | --- | ---
DIRECTLY INVOLVED | No | No | No | No | No | No | No | No | No

Comments: I have no knowledge of Inmate Diamond, Ashley being sexually assaulted on 1/1/14.
## McCracken, William David - 1046776

<table>
<thead>
<tr>
<th>Involvement</th>
<th>Injured?</th>
<th>Adverse Action Taken</th>
<th>Weapon Type</th>
<th>Weapon Reason</th>
<th>Weapon Serial No</th>
<th>Weapon Certification Date</th>
<th>Appeal</th>
<th>Reviewed</th>
<th>Video</th>
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<tbody>
<tr>
<td>DIRECTLY INVOLVED</td>
<td>No</td>
<td>No</td>
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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

<table>
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<tr>
<th>Involvement</th>
<th>Injured?</th>
<th>Disciplinary Filed?</th>
<th>Weapon Used</th>
<th>Sexual Alleged</th>
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<tbody>
<tr>
<td>DIRECTLY INVOLVED</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
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</table>

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 unclad began masturbating and rubbing his penis 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.
### INCIDENT REPORT

**Case Number:** 170-08

**Facility:** Valdosta State Prison

**Date of Occurrence:** 1-28-15

**Time:** 11:40

**Location:** Mental Health Unit

---

#### A. Inmates Involved:

<table>
<thead>
<tr>
<th>Name</th>
<th>Number</th>
<th>Type of Force</th>
<th>Disp. Filed?</th>
<th>Medical Complaint</th>
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<tbody>
<tr>
<td>Diamond, Ashley</td>
<td>1000290525</td>
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#### B. Medical Findings (To be completed by appropriate staff within 24 hours):

---

#### C. Staff Involved:

- **Name:** González
- **Race:** M
- **Sex:** F
- **Employee ID Number:**

---

#### D. Witnesses:

- **Name:**
- **Number/Title:**

---

#### E. Video Equipment Utilized:

**Yes**

**Name of Camera Operator:**

---

#### F. Name(Agency) Notified:

- **Date:**
- **Time:**
- **Name(Agency) Notified:**
- **Date:**
- **Time:**

---

#### III. Summary of Incident (by Reporting Officer):

Grievance dated 12-10-14 received from Chief Counselor Woods written by J/M Diamond, Ashley, GD 021090525. That on 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.

---

#### IV. A. Weapon Certification Date:

- **Ammon Type:**
- **Type:**
- **Serial #:**
- **Weather:**
- **Lightning:**

---

#### B. Reason for Weapon Use:

1. Gain control of inmate
2. Prevent escape
3. Accidental discharge
4. Warning shot(s)

---

#### C. Property Damages? If yes, explain:

---

#### D. Warden/Supervisor Comments/Recommendations:

[Signature]

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**WITNESS STATEMENT**

<table>
<thead>
<tr>
<th>PLACE</th>
<th>DATE</th>
<th>TIME</th>
<th>FILE NUMBER</th>
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<tr>
<td>Autry SP</td>
<td>2-4-15</td>
<td>10:10</td>
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</table>

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<thead>
<tr>
<th>LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>EMPLOYEE ID NUMBER</th>
<th>ESTIMATE GOC NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sutton, Tanza, P.</td>
<td>10124169</td>
<td></td>
</tr>
</tbody>
</table>

**INSTITUTION OR ADDRESS**

P.O. Box 648, Pelham, GA 31779

---

**SWORN STATEMENT**

I, Tanza Sutton, want to make the following statement under oath:

During my tenure as Tresor I Counselor at VSP (9-23-13 - 2-11-14) the exact date is unknown, I madebutt rounds and did make contact with Ashley Diamond who stated he felt fearful in the due to unwanted advances made to him. I provided IM Diamond with a witness statement and forwarded to security staff.

---

**EXHIBIT**

**INITIALS OF PERSON MAKING STATEMENT**

TPS

---

I. Inmate Name: **Diamond, Ashley**  
   Date: **1-28-15**  
   ID: 100290565

II. Checklist:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>1. Use of Force</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>2. Supplemental Use of Force</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>3. Videotape</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>4. Photos</td>
<td>Yes</td>
<td>No, X</td>
</tr>
<tr>
<td>5. Witness statements from all involved</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>6. Disciplinary Report filed</td>
<td>Yes</td>
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<tr>
<td>7. Medical Reports</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>8. Mental Health Report/Statements</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>9. Chain of Evidence</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
<tr>
<td>10. Use of Weapons Report</td>
<td>Yes</td>
<td>No, X Pending</td>
</tr>
</tbody>
</table>

If pending is checked on any of the above, state the reason why.

III. Captain's Review:

1. Date received: **2-2-15**
2. Date videotape reviewed: **NA**

III. Rating of Incident:

<p>| | |</p>
<table>
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<tr>
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<tr>
<td>Major:</td>
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<tr>
<td>Serious:</td>
<td></td>
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<tr>
<td>Minor:</td>
<td></td>
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<tr>
<td>Unusual:</td>
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</tbody>
</table>

IV. Comments:

*I'm filing a grievance on 12-19-14 on an incident he alleges happened on 1-1-14. There is no record of contact with the **INM** team or any rotation in same cell block. Allegation was of sexual contact.*

IV. Signature of Captain:

[Signature]

2/15

IV. Deputy Warden's Review:

1. Date received: **2/15**
2. Date videotape reviewed: **NA**

IV. Comments:

[V. Warden's Review:

1. Date received: **[Blank]**
2. Type and Forward: **Yes**
   Hold in File: **Yes**
   No
3. Comments: [Blank]

4. Signature of Warden/Designee: [Blank]
INCIDENT REPORT SUMMARY

TO: Marty C. Allen, Warden

FROM: Dave McCracken

DATE: January 28, 2015

RE: PREA Allegation

Grievance Dated 12-19-14. Received from Chief Counselor Woods. Written by I/M Diamond, Ashley, GCC # 1000290565, that on 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. He stated he reported the incident to multi-functional officer Gonzalez and MH counselor Sutton.

Note: No record of contact with SART team or note in scribe in relation to the above allegation.

Signature: Dave McCracken  Date: 1-28-15
**WITNESS STATEMENT**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>DATE: 1-28-15</th>
<th>TIME: 17:00</th>
<th>FILE NUMBER</th>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>LAST NAME, FIRST NAME, MIDDLE NAME</th>
<th>EMPLOYEE ID NUMBER</th>
<th>STATE ID NO.</th>
</tr>
</thead>
<tbody>
<tr>
<td>McCracken, W. David</td>
<td>1046776</td>
<td></td>
</tr>
</tbody>
</table>

**INSTITUTION OR ADDRESS**

Valdosta State Prison

**SWORN STATEMENT**

I have absolutely no knowledge or record of I/M Diamond, Ashley, GDC # 1000290545, being sexually assaulted on 1-1-14 while at Valdosta State Prison.

**EXHIBIT**

<table>
<thead>
<tr>
<th>INITIALS OF PERSON MAKING STATEMENT</th>
<th>PAGE 1 OF 1 PAGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>DM</td>
<td></td>
</tr>
</tbody>
</table>

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 used, 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.
STATEMENT (Continued)

[Diagram with labeled points Dm]

AFFIDAVIT

I, have read or have had read to me this statement which begins on page and ends on page . I fully understand the conditions of the entire statement made by me. The statement is true. I have initialed all directions and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

[Signature]

Subscribed and sworn to before me, a person authorized by law.

[Signature]

INSTITUTION OR ADDRESS

[Signature]

[Typed Name]

[Authority To Administer Oath]
Upon completion of this form, it will be placed in a file in the Orphans Coordinator's office.
<table>
<thead>
<tr>
<th>PLACE</th>
<th>DATE</th>
<th>TIME</th>
<th>FILE NUMBER</th>
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</thead>
<tbody>
<tr>
<td>Valdosta State Prison</td>
<td>7/21/15</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Last Name, First Name, Middle Name**
Gonzalez, Rolando

**Employee ID Number**
00081471

**State ID No.**

**Institution or Address**

**Sworn Statement**

I have no knowledge of Tim Diamond, Ashley #100029065 being sexually assaulted on 1/1/14.

End of statement.

---

Additional pages must contain the heading "Statement of __ taken at __ date 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.
STATION (Continued)

I, Linda George, certify that I have read or have had read to me this statement which begins on page 1 and ends on page____. I fully understand the conditions of the entire statement made by me. This statement is true. I have initialed all corrections and have initialed the bottom of each page containing the statement. I have made this statement freely without hope of benefit or reward, without threat of punishment, and without coercion, unlawful influence, or unlawful inducement.

WITNESS

INSTITUTION OR ADDRESS

INSTITUTION OR ADDRESS

INITIALS OF PERSON MAKING STATEMENT

AFFIDAVIT

Subscribed and sworn to before me, a person authorized by law to administer oaths, this____ day of________________, 20____ at______

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authenticity To Administer Oath)

CAUTION: On completion of this form, it shall be maintained locally for three years with the incident report and then destroyed.
Exhibit F
DATE: 02/09/2014
TO: DIAMOND, ASHLEY ALTON 1000290565
     BALDWIN STATE PRISON
FROM: MCKINNON, MELISSA
      VALDOSTA STATE PRISON
RE: FORMAL, 189275, 02/08/2014

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.

Ashley Diamond
DIAMOND, ASHLEY ALTON 1000290565

Mckinnon 1-27-15
MCKINNON, MELISSA
STAFF LOCAL INVESTIGATIVE REPORT AND RECOMMENDATION FORM

INSTITUTION: VALDOSTA STATE PRISON

DATE: 2/05/15

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: S. Brockington

OFFENDER: NAME: Diamond, Ashley

GRIEVANCE#: 189275

GDC #: 1000290565

INMATE'S BASIC ALLEGATION OR COMPLAINT:

Inmate alleges 2/09/15 while attending classes in education he went to use the bathroom at Valdosta State Prison when an unknown white male attacked him and put him in a chokehold pulled down his pants and attempted to force his penis in him. Stabbed him with a pencil and escaped.

SUMMARY OF INVESTIGATION:

I recommend grievance be forwarded to Internal Affairs.

[Signature]

STAFF SIGNATURE:

[Signature]

Grievance Coordinator: S. Wood

DATE: 02/05/15

Concur with Staff Findings: Yes [ ] No [ ]

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