

**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	B
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)	H
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 Notes of Dr. Stephen Sloan K

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



Nathan Deal
Governor

Georgia Department of Corrections
Office of Health Services
Utilization Management
300 Patrol Road
Suite 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

sent by Val Dost for SP

Attachment 4
SOP HB05-0001

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name: **Diamond, Ashley**

Grievance Number: 163506

GDC #: **1000290565**

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.

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

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 inmate's allegations and recommend this grievance be terminated at the institutional level.



STAFF SIGNATURE:

12-19-13
DATE:

Concur with Staff Findings: Yes: No:

Grievance Coordinator: Dr. Thompson; Dr. Silver both state that there is no documentation of inmate receiving treatment at Baldwin. They also state that he can be seen for his issues here at

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

Rutledge S.P.

(Reproduced locally)



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 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

ATTACHMENT 3
SOF HB05-0001
5/15/2005

WITNESS STATEMENT			
PLACE: <u>Rothley Mental Health Services</u>	DATE: <u>12/17/13</u>	TIME: <u>14⁰⁰</u>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME: <u>SILVER, DONNA</u>		EMPLOYEE ID NUMBER:	STATE ID NO.
INSTITUTION OR ADDRESS <u>7175 MANOR RD COLUMBUS GA 31908</u>			

SWORN STATEMENT

I, DONNA SILVER MO, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
Inmate Ashley Diamond GOC #1000290565 was seen by myself for initial evaluation on 10/09/13. He then was seen for follow up by myself and Dr. Thompson on 11/25/13, at which time he reported feeling "disconnected" from his feelings and stated while at Baldwin SP he received individual treatment from "gender specialist" Dr. Sloan (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 counsellor regarding emotional issues.
 He then placed a medical services request on 12/17/13 reporting anxiety and depression, and not receiving specialized treatment. He was assessed on 12/10/13 by myself, Dr. Thompson and Mr. Sidney Moore (MIM). At this time he reported taking his medication, 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 prefer treatment back at that facility.
 We informed Inmate Diamond that the diagnosis of Gender Identity Disorder has been changed in the DSM-5 to Gender Dysphoria and that we will assist him with any distress, anxiety or depression associated with his gender identity issues. I continued his current medication and scheduled a follow up appointment for 4 weeks time.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <u>DS</u>	PAGE 1 OF <u>1</u> PAGES
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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.



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.

- 1ST REQUEST
- 2ND REQUEST
- 3RD REQUEST

ATTACHMENT 3
 SCF HB05-0001
 5/15/2005

WITNESS STATEMENT			
PLACE: <i>Mental Health Services</i>	DATE: <i>12/17/13</i>	TIME: <i>1100</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME: <i>Thompson</i>		EMPLOYEE ID NUMBER:	STATE ID NO.
INSTITUTION OR ADDRESS <i>7175 Manor Road Columbus GA 31908-8409</i>			

I, J.M. Thompson, PhD WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 On 12/10/13 I met with inmate Ashley Diamond GBC # 1000290565, 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, a 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 in DSM5 to Gender Dysphoria, and that any anxiety, depression or other emotional problems associated with his gender identity issues could potentially be addressed by his Mental Health Counselor Doreen Bates. He became very argumentative, saying that she was not "a psychotherapist" or "a specialist." Sidney Moore MHN MUR met with him later the same day and communicated the same information to him.

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>JS</i>	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.

14113

CONFIDENTIAL
Offender GRIEVANCE FORM (Facsimile)

Attachment 1
SOP IIB05-0001

INSTITUTIONAL STAFF USE ONLY			
OFFENDER NAME	Ashley Diamond	OFFENDER NUMBER	1000290565
INSTITUTION	Jack Rutledge	GRIEVANCE NUMBER	163506
DATE COMPLETED FORM RECEIVED FROM OFFENDER	11-26-13	BY	Dingler
DATE APPEAL RECEIVED		BY	

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:

11/25/13 Asst met with the psychologist Dr. Thomson and psychiatrist Dr. Silven in regards to treatment for Gender Identity Disorder. They told me that they weren't going to treat Gender Identity Disorder at Rutledge. I am grieving the denial of treatment for my serious 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 Drs. qualified to treat me.

Ashley Diamond
OFFENDER Signature

11/26/13
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.

Exhibit B

G2
31



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS
OFFICE OF INVESTIGATIONS & COMPLIANCE
INMATE 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 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
Lisa Fountain, Interim Manager
Inmate Affairs Unit

7-30-14
Date

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

[Signature]
Offender's Signature

8-11-14
Date

GRIEVANCE APPEAL FORM

ATTACHMENT 3
SOP #005-001

Ashley Diamond
OFFICER NAME

1000290565
ID. NUMBER

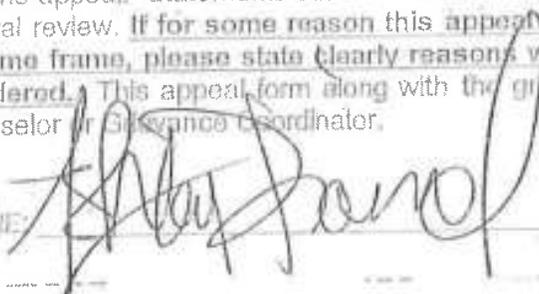
173610
GRIEVANCE NUMBER

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 w/ 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:



DATE:

6-18-14
(Reproduced locally)

CONFIDENTIAL
Offender GRIEVANCE FORM (Facsimile)

Attachment 1
SOP 1805-0001

INSTITUTIONAL STAFF USE ONLY			
OFFENDER NAME	Ashley Diamond	OFFENDER NUMBER	1000290565
INSTITUTION	VALDOSTA STATE PRISON	GRIEVANCE NUMBER	173610
DATE COMPLETED (FORM RECEIVED FROM OFFENDER)	5/22/14	BY	[Signature]
DATE APPROVAL RECEIVED		BY	[Signature]

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 eye brows and we aren't going to do that "This is a man's facility". I found that to be offensive as I am a woman. I am transgender as it is well documented. If Valdosta can't respond to the needs of trans community than I should be sent to a facility that can house "my kind" affectionately and safely. As I have requested transfer for safety and medical reasons numerous times. Gender Identity Disorder is a serious condition and I deserve fair impartial treatment & respect.

RESOLUTION REQUESTED:

To be transferred to a facility that is better equipped to handle transgenders 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 those disorder.

Ashley Diamond 5-22-14
OFFENDER Signature Date

Is this grievance being filed within the 30 day time limit? Please answer Yes or No, If the answer is No, please explain why

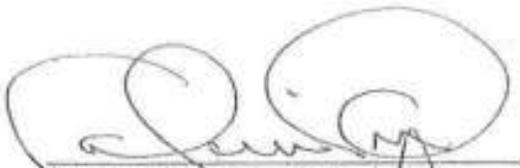
G1-73

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPDNSE

Offender's Name: **Ashley Diamond** Grievance Number: 173610
GDC #: 1000290565 Facility: Valdosta State Prison

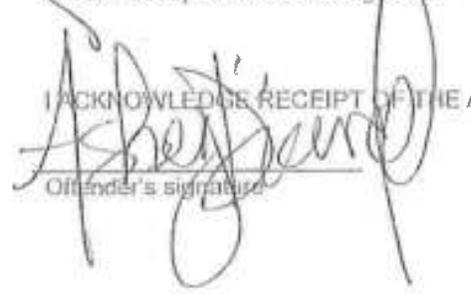
RESPONSE TO GRIEVANCE:

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

6-4-14
(date)



Offender's signature

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:
6-18-14
(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.

Functional Area: <u>FACILITIES OPERATIONS</u>	Prev. REC. Date: 01/01/02	Page 6 of 7
	Effective Date: 3/01/2005	Reference Number: ITB01-0011

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

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

DATE: May 28, 2014

TO: GRIEVANCE COORDINATOR/ALTERNATE GRIEVANCE COORDINATOR

FROM: S. Wright

OFFENDER: NAME: Diamond, Ashley

GDC #: 1000290565

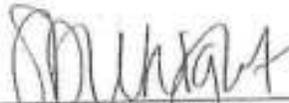
GRIEVANCE #: 173610

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 (trans-gendered).

SUMMARY OF INVESTIGATION::

Inmate is clearly a man, not a woman. I recommend grievance be denied.


STAFF SIGNATURE:

5/28/14
DATE:

Concur with Staff Findings: Yes: No:
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)

Attachment 1
SOP 0005-0001

INSTITUTIONAL STAFF USE ONLY			
OFFENDER NAME	Ashley Diamond	OFFENDER NUMBER	1000290565
INSTITUTION	VALDOSTA STATE PRISON	GRIEVANCE NUMBER	173610
DATE COMPLETED / FORM RECEIVED FROM OFFENDER	5/27/14	BY	J. Stone
DATE APPEAL RECEIVED		BY	

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 didnt like my eyebrows and we arent 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 cant respond to the needs of trans community then I should be sent to a facility that can house "my kind" effectively and safely. As I have requested transfer for safety and medical reasons numerous times. Gender Identity Disorder is a serious condition and I deserve fair impartial treatment & respect.

RESOLUTION REQUESTED:

To be transfered 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 pronoun and treating there 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.

Exhibit C

J-D-163B



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

ATTACHMENT 9
SOP 11B05-0001

Nathan Deal
Governor

Brian Owens
Commissioner

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 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
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)

FILED

Attachment 4
SOP 11805-001

WARDEN'S/SUPERINTENDENT'S GRIEVANCE RESPONSE

Offender's Name:	Ashley Diamond	Grievance Number:	180025
GDC #:	1000290565	Facility:	Vaidosta 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's/Superintendent's signature

9-17-14
(date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:
[Signature]
Offender's signature

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.

FROM :

CONFIDENTIAL

Standard 1
SDP 1806-0004

INVESTIGATIONAL STATE POLICE

OFFICER NUMBER: WIDAKOS

GRIEVANCE NUMBER: 1806

STATE PRISON: 8-25-14

REGISTERED OFFENDER: 8061 10/14/14

DATE: 8/20/14

BY: [Signature]

PLEASE PRINT OR TYPE IN ALL CAPS. IF YOU ARE ASKED FOR SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE DATE TAKEN

and in Tier I program pending investigation for phone
 records found in person in property files to help prove
 involving individual of interest. Hearty being
 pending investigation due to other involvement
 help as the story of the call is being concern as
 involved into other state involvement in financing. There
 involved with internal affairs moves me
 and does a full investigation on our plea for help.

8/20/14

Please answer Yes No. If the answer is No, please explain why.

Ashley Diamond
INMATE NAME

1000290565
I.D. NUMBER

180025
GRIEVANCE NUMBER

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. In fact 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 pre-audit or address to communicate w/ privately. D.O.C failed to protect me period. There needs to be investigation

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.

INSTITUTIONAL STAFF USE ONLY		
OFFENDER NAME	Ashby Diamond	OFFENDER NUMBER
INSTITUTION	VALDOSTA STATE PRISON	GRIEVANCE NUMBER
DATE COMPLETED FORM RECEIVED FROM - OFFENDER	8/20/14	BY: [Signature]
DATE APPEAL RECEIVED	By mail 10/14/14 Baldwin S.P.	BY: M. McKinon

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 r phone activity, although (no phone was found in persons or property) videos for help 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 w/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 fatal consequences for all involved unless Internal Affairs moves me and does a full investigation on our pleas for help.

RESOLUTION REQUESTED:

Ashley Diamond

8/20/14

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 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.

Spicy C. X
Warden's/Superintendent's signature

9-17-14
(date)

I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE:

Ashley Diamond
Offender's signature

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 #: 100290565 GRIEVANCE #: 180025

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.


STAFF SIGNATURE:

9/9/14
DATE:

Concur with Staff Findings: Yes: No:
Grievance Coordinator:

 09/10/14

(Reproduced locally)

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

INSTITUTIONAL STAFF USE ONLY			
OFFENDER NAME	Ashby Diamond	OFFENDER NUMBER	IVD0290565
INSTITUTION	VALDOSTA STATE PRISON	GRIEVANCE NUMBER	18023
DATE COMPLETED FORM RECEIVED FROM OFFENDER	8-25-14	BY	[Signature]
DATE APPEAL RECEIVED		BY	

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 Ashby Diamond, in Tier I program, pending investigation for phone activity, although (no phone was found in persons or property) videos for help 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 w/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 fatal consequences for all involved unless Internal Affairs moves me and does a full investigation on our pleas for help.

RESOLUTION REQUESTED:

Ashby Diamond

8/20/14

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.

WITNESS STATEMENT			
PLACE <u>Valdosta S.P.</u>	DATE <u>9/08/14</u>	TIME <u>1400</u>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <u>Emmons, Shawn</u>		EMPLOYEE ID NUMBER <u>00351809</u>	STATE ID NO.
INSTITUTION OR ADDRESS			
SWORN STATEMENT			
I, <u>Shawn Emmons</u> WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p>Inmate is in Tier 1 Disciplinary housing for using a cellphone to place videos filmed at Valdosta State Prison on YouTube. Inmate is housed with one of the inmates who appeared in the film w/him. 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 did not have a resolution listed, therefore, unable to resolve this grievance.</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <u>SE</u>		PAGE 1 OF <u>2</u> PAGES
<p>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.</p>			

STATEMENT (Continued)

[Large X mark across the statement area]

AFFIDAVIT

Shawn Emmert
I, Shawn Emmert HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1 AND ENDS ON PAGE 1. I FULLY UNDERSTAND THE CONDITIONS OF THE ENTIRE STATEMENT MADE BY ME. THE 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.

[Signature]

(Signature of Person Making

Statement)
WITNESS
authorized by law
_____, 20____

INSTITUTION OR ADDRESS
Oath)

Subscribed and sworn to before me, a person
to administer oaths, this ____ day of
at

(Signature of Person Administering

(Typed Name of Person Administering

(Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT *SE* PAGE 1 OF 2 PAGES

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 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.

CONFIDENTIAL

Attachment 1

SOP 11805-0001

Offender GRIEVANCE FORM (Facsimile)

INSTITUTIONAL STAFF USE ONLY			
OFFENDER NAME	Ashby Diamond	OFFENDER NUMBER	1000290565
INSTITUTION	VALDOSTA STATE PRISON	GRIEVANCE NUMBER	180-23
DATE COMPLETED FORM RECEIVED FROM OFFENDER	8-25-14	BY	M. [Signature]
DATE APPEAL RECEIVED		BY	

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 Ashby Diamond, in Tier I program, pending investigation for phone activity, although (no phone was found in persons or property) videos for he 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 w/ 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 fatal consequences for all involved unless Internal Affairs moves me and does a full investigation on our pleas for help.

RESOLUTION REQUESTED:

Ashby Diamond
 OFFENDER Signature

8/20/14
 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.

Exhibit D



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS

Baldwin State Prison
Deputy Warden of Care & Treatment
Post Office Box 213
Hardwick, Georgia 31034
478/445-6164
FAX 478/445-6507



Brian Owens
Commissioner

MEMORANDUM

TO: Ashley Diamond GDCH# 1000290565
FROM: Cherie Price, Deputy Warden of Care and Treatment
DATE: 2/4/13
SUBJECT: Grievance Rejection

Per SOP IIB05-001, 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 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-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

12175

CONFIDENTIAL
INMATE GRIEVANCE FORM
Georgia Department of Corrections

SOP HB05-0001
(Rev. 4-1-04)

INMATE NAME	ASHLEY DIAMOND	INMATE NUMBER	1000790565
INMATE FACILITY	Baldwin Hills Prison	GRIEVANCE NUMBER	1000790565
DATE INCIDENT OCCURRED	1/17/13	INMATE STATUS	INMATE
DATE COMPLAINT FILED	1/18/13	INMATE NUMBER	1000790565
DATE RECEIVED			

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

DESCRIPTION OF INCIDENT: 1/17/13 I was called out to meet w/ Captain Gottrell & discussed about a P.R.A.A report in which I responded accordingly. He then would ~~be~~ ^{be} ~~remanded~~ by acting w/ deliberate indifference to a prison condition that reported to Mental health staff pertaining to ^{a PREP} ~~accused~~ allegation ~~that~~ has exp to an unreasonable risk of serious harm; by informing the accused, ~~of~~ ^{of} other inmates, which I share living quarters with of the complaint made by me. ~~Accused~~ is a convicted killer. Mental health staff advised me that no one would speak to their presence. ~~Accused~~ ^{Accused} that wasn't upheld ^{AD} that no one would speak to their presence. ~~Accused~~ ^{Accused} that wasn't upheld ^{AD} that no one would speak to their presence.

RELIEF REQUESTED: to meet w/ Mental health staff/officials to remedy relief ~~shley Diamond~~ for the above reasons.

INMATE SIGNATURE: shley Diamond DATE: 1/18/13

Is 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

WARDEN RECEIVED DATE

WARDEN'S / SUPERINTENDENT'S SIGNATURE

DATE FORWARDED TO INMATE

APPEALABLE: NOT APPEALABLE SUSPEND PENDING INTERNAL INVESTIGATION

ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE.

INMATE'S SIGNATURE (REQUIRED)

DATE

ON 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

EXECUTIVE ASSISTANT RECEIVED DATE

Offender Grievance

DIAMOND, ASHLEY ALTON-GDC ID 1000290565

Grievance No. 141823 - Status: PENDING RESOLUTION

Click [here](#) for printer friendly version.

Facility Grievance Against:

BALDWIN STATE PRISON

Grievance Type: FORMAL

Grievance Date:

01/14/2013

Form Received Date:

01/22/2013

Expedited Grievance:

Yes No

Grievance Category:

STAFF NEGLIGENCE

Response Due Date:

03/03/2013

Complaint/Resolution:

1/7/13 I was called out to meet w/Captain Gottrell & asked about a PREA report in which I responded accordingly. He then by acting w/deliberate indifference to a prison condition that was reported to Mental health staff pertaining to a PREA allegation has exposed me to an 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.

[Click Here to Add a Person](#)

[Click Here to Link to an Incident Report](#)

Status:

NONE

Date:

Comments:

SAVE

CANCEL



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS

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

Brian Owens
Commissioner

Memorandum

Date: 1/24/13

To: Area Supervisor Capt. Dittell, Dr. Sloan

From: Deputy Warden of Care & Treatment- Cherie 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:

I/m alleges on 1/7/13 he was called to meet w/ Captain Dittell & asked about a PRA report. I/m alleges he has exposed him to an unreasonable risk of serious harm by informing the accused
The above was discussed with me and the problem is being resolved. earshot of other I/m's

which share living of Mental Health advisors he alleges that none

Inmate Signature / Date

Staff Signature / Date

speaks to him in their presence, was not upheld

5/96)

ATTACHMENT
SOP IIB05-

WITNESS STATEMENT

DATE 7-28-13	TIME 0759	FILE NUMBER
NAME, FIRST NAME, MIDDLE NAME Gofell Michael	SOCIAL SECURITY ACCOUNT NO.	STATE SERIAL NO. 00322301
LOCATION OR ADDRESS Baldwin State Prison		

SWORN STATEMENT

Michael Gofell, I WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:
 Mental Health was present when I capt Gofell
 question inmate Ashley/Diamond 100290565. No other
 inmates was in the room.

~~Handwritten signature and initials, crossed out with a large X.~~

INITIALS OF PERSON MAKING STATEMENT

PAGE 1 OF 1 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [NAME] TAKEN AT [LOCATION] DATED [DATE] CONTINUED." THE BOTTOM OF EACH
 ORIGINAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE 1 OF [TOTAL] PAGES."
 IF ADDITIONAL PAGES ARE UTILIZED, THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE

SOF IIB05-0001
Attachment 10
6/01/04



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS

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

Brian Owens
Commissioner

Memorandum

Date: 1/24/13

To: Area Supervisor Capt. Dettell, Don Sloan

From: Deputy Warden of Care & Treatment- Cherie 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:

I/m alleges on 1/7/13 he was called to meet w/ Captain Dettell & asked about a PRA report. I/m alleges he has exposed him to an unreasonable risk of serious harm by informing the accused. The above was discussed with me and the problem is being resolved.

snapshot of other I/m's which show lining of Mental Health advised he alleges that no one speak to him with their presence, was not upheld.

Inmate Signature / Date

Staff Signature / Date

5/96)

ATTACHMENT
SOP IIB05-

WITNESS STATEMENT

DATE 1-29-13	TIME	FILE NUMBER
NAME, FIRST NAME, MIDDLE NAME LOW, Stephen L.	SOCIAL SECURITY ACCOUNT NO. 402 708073	STATE SERIAL NO.
LOCATION OR ADDRESS Baldwin State Prison		

SWORN STATEMENT

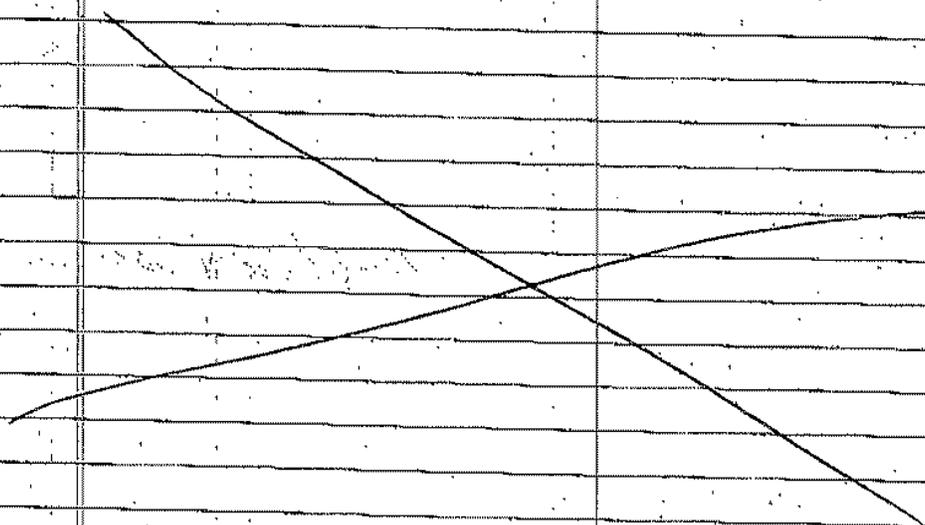
Dr. STEVE SLOAN

WANT TO MAKE THE FOLLOWING STATEMENT, UNDER OATH:

Re SOP V655-0001. "Following the evaluation, the specially trained counselor will immediately ^{facilitate} notify the security. Stating whether or not the inmate requests that the specially trained counselor be present during the investigative interview." ~~This was~~

Counselor Mc both clearly reported that the inmate did not wish to talk to security. Furthermore I verbally informed the captain that the inmate did not want to talk with security. I was informed that the inmates wishes were not adhered to.

Dr Steve Sloan



INITIALS OF PERSON MAKING STATEMENT

SS

PAGE 1 OF 1 PAGES

ALL PAGES MUST CONTAIN THE HEADING "STATEMENT OF [NAME] TAKEN AT [LOCATION] DATED [DATE] CONTINUED." THE BOTTOM OF EACH PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT AND BE INITIALED AS "PAGE 1 OF [TOTAL] PAGES." ADDITIONAL PAGES ARE UTILIZED; THE BACK OF PAGE 1 WILL BE LINED OUT, AND THE STATEMENT WILL BE CONCLUDED ON THE FRONT OF THE LAST PAGE.



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS

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

SOP IIB05-0001
Attachment 10
6/01/04

Brian Owens
Commissioner

Memorandum

Date: 1/24/13

To: Area Supervisor Capt. Dettell, Dr. Sloan

From: Deputy Warden of Care & Treatment- Cherie 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:

I/m alleges on 1/7/13 he was called to meet w/ Captain Dettell & asked about a PRA report. I/m alleges he has exposed him to an unreasonable risk of serious harm by informing the accused & the above was discussed with me and the problem is being resolved.
carshot of other I/m's which share living qu Mental Health advised. he alleges that no one is speak to him with their presence, & was not upheld.

Inmate Signature / Date

Staff Signature / Date

Exhibit E

Mar 10 15:07:13a

VSP

FROM :

FAX NO. : 4784454937

Feb. 03 2015 04:52PM P2

FILED



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS

COMMISSIONER'S OFFICE

State Office South at Tift College



Brian Owens
Commissioner

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

Mar 10 15 07:13a

VSP

2292492785

p.3

1272
ATTACHMENT
SOP IIB05-03

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 #: 1000290565

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.

Shanise Brockington
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

ATTACHMENT I
SOP IIB05-0001

CONFIDENTIAL
Offender GRIEVANCE FORM

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME Ashley Diamond OFFENDER NUMBER 1000790565
 INSTITUTION Baldwin GRIEVANCE NUMBER 189277
 DATE COMPLETED FORM RECEIVED FROM OFFENDER 12/22/14 BY Mary Dany who
 DATE APPEAL RECEIVED 1/1 BY _____

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 Teir 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 w/Mrs Sutton. This was all unwanted sexual contact. I also wrote Commissioner.

RESOLUTION REQUESTED:

I request GDC officials to follow Prea guidelines and reevaluate my placement in its facilities w/ Closed security inmates given my transgender and nonviolent status, take steps to reduce harm + assault (sexual + physical) And do ^{investigate to} Confidential

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 S/A grievances under PREA.

Mar 10 15:07:13a

VSP

2292492785

p.5

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

Pages 1 of 2



Nathan Deal
Governor

GEORGIA DEPARTMENT OF CORRECTIONS
STATE OF GEORGIA

Incident Report



Homer Bryson
Commissioner



Facility: VALDOSTA STATE PRISON

Military Time: 01/28/2015 11:40

Number: 170038

Incident Type: MAJOR

Use Of Force: NO Use Of Weapon: NO

Nature of Incident: SEXUAL ALLEGATION

Wireless Devices Found: 0

Incident Location: DORMITORY

Chemical Incident: NO Fire: 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: 0

Damage Description:

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 GDC#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.



Staff

GONZALEZ, ROLANDO - 1063139

Involvement	Injured?	Adverse Action Taken?	Use of Force	Weapon Type	Weapon Reason	Weapon Serial No	Weapon Cert Date	Ass Type	Reviewed Video
DIRECTLY INVOLVED	No	No	No						No

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

Mar 10 15 07:13a

VSP

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

Pages 2 of 2

MCCRACKEN, WILLIAM DAVID - 1946776

Involvement	Injured?	Adverse Action Taken?	Use of Force	Weapon Type	Weapon Reason	Weapon Serial No	Weapon Cert. Date	Amo Type	Reviewed Video
DIRECTLY INVOLVED	No	No	No						No

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

Offenders

DIAMOND, ASHLEY ALTON - 1000290565

Involvement	Injured?	Disciplinary Filed?	Weapon Used	Sexual Allegat	Reviewed Vid
DIRECTLY INVOLVED	No	No		Yes	No

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 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.

Mar 10 15 07:14a

VSP

INCIDENT REPORT



Attachment #1
IIA04-0002
05-15-2005

I. Incident ID#: 170038
 Type Report: _____
 Major Incident: Minor Incident: _____ Use of Force: _____ Use of Weapon: _____
 Facility: VALDOSTA STATE PRISON
 Date of Occurrence (M/D/Y): 1-28-15 Time: 11:40 Location: MENTAL HEALTH U.

II. A. Inmates Involved:

	Name	Number	Type Force	Disp. Filed?	Medical Compliant
1	<u>DIAMOND ASHLEY</u>	<u>1000290565</u>			
2					
3					
4					
5					
6					
7					

B. Medical Findings (To be completed by appropriate staff within 24 hours):

C. Staff involved:

Name	Race	Sex	Employee ID Number
<u>MULTI-FUNCTIONAL OFFICER GONZALEZ</u>		<u>M</u>	
<u>MH COUNSELOR SUTTON</u>	<u>B</u>	<u>F</u>	

D. Witnesses:

Name	Number/Title	Name	Number/Title

Video Equipment Utilized: Yes _____ No Name of Camera Operator: _____

B. Name/Agency Notified

Name/Agency Notified	Date	Time	Name/Agency Notified	Date	Time

III. Summary of Incident (by Reporting Officer): GRIEVANCE DATED 12-19-14 RECEIVED FROM CHIEF COUNSELOR WOODS WRITTEN BY I/M DIAMOND, ASHLEY GDC# 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.

IV. A. Weapon Certification Date: _____ Type: _____ Serial #: _____
 Ammo Type: _____ Weather: _____ Lighting: _____
 B. Reason for Weapon Use:
 1. Gain control of inmate
 2. Prevent escape
 3. Accidental discharge
 4. Warning shot (s)
 5. Stop Fight
 6. Kill snake / other animal
 7. Other
 Y. Property Damages? If yes, explain _____

VI. Warders/Superintendent comments/recommendations: Forward per ADMS order

Mar 10 15:07:14a

VSP

ATTACHMENT 3
SOP ITB05-0001
5/15/05

21-515

WITNESS STATEMENT

PLACE <i>Autry SP</i>	DATE <i>2-4-15</i>	TIME <i>1610</i>	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME <i>Sutton, Tanza P.</i>	EMPLOYEE ID NUMBER <i>1012469</i>	INMATE SDC NUMBER	
INSTITUTION OR ADDRESS <i>P.O. Box 648 Pelham, GA. 31779</i>			

SWORN STATEMENT

I, *Tanza Sutton*, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

During my tenure as Tier I Counselor at VSP (9-23-13- 2-11-14) the exact date is unknown, I made MH rounds and did make contact with Ashley Diamond who stated he felt fearful in Tier I due to unwanted ^{sexual} Advances made to him. I provided IIM Diamond w/ a Witness Statement and forwarded to Security staff.

TPS *TPS* *TPS*
TPS

EXHIBIT	INITIALS OF PERSON MAKING STATEMENT <i>TPS</i>	PAGE 1 OF 2 PAGES
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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.

Mar 10 15 07:15a

VSP

2292492785

p.9

ATTACHMENT 3
SOP 0005-0001
3/13/09

STATEMENT (Continued)

TPS
TPS
TPS
TPS

AFFIDAVIT

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. THE 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 MORE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

WITNESS(ES):

INSTITUTION OR ADDRESS:



(Signature of Person Making Statement)

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ___ day of _____ 23___

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)

(Authority to Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

Mar 10 15:07:15a

VSP

2292492785

p.10

Attachment 3 (SOP IIBC8-0001) 1/15/2012

VALDOSTA State Prison Use of Force/Serious Incident Report Coversheet	PREA
--	------

I. Inmate Name DIAMOND, ASHLEY Date: 1-28-15
1000290565

- II. Checklist:
- | | | | | |
|--|-----|----|-------------------------------------|---------|
| 1. Use of Force..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 2. Supplemental Use of Force..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 3. Videotape..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 4. Photos..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 5. Witness statements from all involved..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 6. Disciplinary Report filed..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 7. Medical Reports..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 8. Mental Health Report/Statements..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 9. Chain of Evidence..... | Yes | No | <input checked="" type="checkbox"/> | Pending |
| 10. Use of Weapons Report..... | Yes | No | <input checked="" type="checkbox"/> | Pending |

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
 3. Rating of Incident: Major: _____ Serious: _____ Minor: Unusual: _____

4. Comments: I/m filed a grievance on 12-9-14 on an incident he alleges happened on 1-1-14 - There is no record of contact with SART team or any notation in Scribble of incident occurring - Allegation was of sexual contact.

5. Signature of Captain: 

IV. Deputy Warden's Review: 1. Date received 2/2/15 2. Date videotape reviewed: N/A

3. Comments: _____

4. Signature of Deputy Warden: 

V. Warden's Review:
 1. Date received: _____

2. Type and Forward: Yes No
 Hold in File: Yes No

3. Comments: _____

4. Signature of Warden/Designee: _____



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

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, GDC # 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

Mar 10 15 07:16a

VSP

2292492785

p.12

ATTACHMENT
SOP IIB05-0001
5/15/2005

WITNESS STATEMENT

LOCATION Valdosta State Prison	DATE: 1-28-15	TIME: 17:00	FILE NUMBER
LAST NAME, FIRST NAME, MIDDLE NAME MCCRACKEN, W. DAVID	EMPLOYEE ID NUMBER 1046776	STATE ID NO.	
INSTITUTION OR ADDRESS VALDOSTA STATE PRISON			

SWORN STATEMENT

I HAVE ABSOLUTELY NO KNOWLEDGE OR RECORD OF I/M DIAMOND, ASHLEY, GDC # 1000 290 565, BEING SEXUALLY ASSAULTED ON 1-1-14 WHILE AT VALDOSTA STATE PRISON

DM DM DM DM DM DM DM DM

EXHIBIT OF 1	INITIALS OF PERSON MAKING STATEMENT DM	PAGE 1 OF 1 PAGES
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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.

ATTACHMENT

SOP IIB05-9001
8/15/01

STATEMENT (Continued)

Dm Dm
 Dm Dm
 Dm Dm
 Dm Dm
 Dm Dm

AFFIDAVIT

I, McCracken, 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. THE 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.

W. David McCracken
(Signature of Person Making Statement)

WITNESS

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

to administer oaths, this ____ day of _____, 20____
at _____

INSTITUTION OR ADDRESS

(Signature of Person Administering Oath)

(Typed Name of Person Administering Oath)
INSTITUTION OR ADDRESS

(Authority To Administer Oath)

TALS OF PERSON MAKING STATEMENT

PAGE OF PAGES

ATTENTION SCHEDULE:

Completion of this form will be placed in a file in the Grievance Coordinator's office.

Mar 10 15 07:16a

VSP

2292492785

p.14

ATTACHMENT
SOP IIB08-0001(209.04)
11/30/2014

WITNESS STATEMENT			
PLACE	DATE	TIME	FILE NUMBER
	2/2/15		
LAST NAME, FIRST NAME, MIDDLE NAME		EMPLOYEE ID NUMBER	STATE ID NO.
Gonzalez, Rolando		00991471	
INSTITUTION OR ADDRESS			
Valdosta State Prison			
SWORN STATEMENT			
I, <u>Rolando Gonzalez</u> WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:			
<p>I have no knowledge of Im Diamond, Ashley # 1000290666 being sexually assaulted on 1/1/14.</p> <p>End of statement.</p>			
<p>RB RB RB</p>			
EXHIBIT	INITIALS OF PERSON MAKING STATEMENT		PAGE 1 OF ____ PAGES
	RB		
<small>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.</small>			

Mar 10 15 07:17a

VSP

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p.15

ATTACHMENT 3
SOP 12308-000
1/10/2014

STATEMENT (Continued)

~~NS NS NS NS NS~~

AFFIDAVIT

I, Rolando Gonzalez 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. THE 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.

Rolando Gonzalez
(Signature of Person Making Statement)

WITNESS

Subscribed and sworn to before me, a person authorized by law to administer oaths, this ____ day of _____, 20__ at _____

INSTITUTION OR ADDRESS

(Signature of Person Administering Oath)

INSTITUTION OR ADDRESS

(Typed Name of Person Administering Oath)

(Authority To Administer Oath)

INITIALS OF PERSON MAKING STATEMENT

RG

PAGE OF PAGES

ATTENTION SCHEDULE:

on 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

VSP

FROM :

FAX NO. : 4784454597

Feb. 03 2015 04:52PM P3

FILED



Nathan Deal
Governor

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



Brian Owens
Commissioner

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.

Ashley Diamond
DIAMOND, ASHLEY ALTON 1000290565

Mckinnon
MCKINNON, MELISSA

1-27-15

Mar 10 15 07:17a

VSP

1224
ATTACHMENT
SOP IIB05-00

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 to 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.

S. Brockington
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