UNITED STATES DISTRICT COURT WESTERN DISTRICT OF MICHIGAN NORTHERN DIVISION

JONATHAN STEWART RODEN,	Case No.:
Plaintiff,	Judge:
V.	Judgo :
DON PLONT AND TRINITY FOOD SERVICE GROUPS, IN INDIVIDUAL CAPACITY, JOINTLY, AND SEVERELY.	JURY DEMAND ENDORSED
Defendants.	
/	

EXHIBIT A

- 1. Misconduct Report
- 2. Misconduct Hearing Report
- 3. E-mails from Trinity Contract Manager
- 4. Food Service Event Report

MICH GAN DEPARTMENT OF CORRECTIONS 4835-3228 10/10 MISCONDUCT REPORT Violation Date: Facility Code: Lock: Prisoner Name: 8/30/2017 G-1-46 Prisoner Number: KCF Contraband Removal Record Provided to Prisoner? Roden 319782 ⋈ N/A Time and Place of Violation: Yes 17:20 Kitchen Charge(s): Creating a Disturbance X II Misconduct Class: Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses): At the above date and time, prisoner Roden 319782 G-1-46 approached me to make a complaint about his food, while talking with him he became loud, causing others to stop what they were doing an look in his direction to see what the commotion was. This also caused chow lines to slow down as inmates in the serving line were watching him instead of grabbing their trays and taking a seat in the dining area. Inmate ID'ed by his MDOC ID card and OTIS. Date and Time Written Reporting Staff Member's Signature Reporting Staff Member's Name (Print) 8/30/2017 18:45 Plont Location/Verification/Condition of Evidence: If "yes", explain reason: Elevated to Class I at review: COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT ☐ No ☐ Yes ☐ Other Confinement to Cell/Room Segregation Bond Status Pending Hearing: Bond Revoked (must give reason) Non-Bond List Reason if Non-Bond: Who Notified in Housing Unit of Status: Date and Time Given this Status: ☐ Yes Witnesses Requested? □ No Hearing Investigator Requested? ☐ Yes ☐ No If yes, list: Relevant Documents Requested?

No If yes, list: ☐ Yes Prisoner Waives 24 Hour Notice of Hearing? No. -2-1 Additional Comments: Hearing Date: Review Date and Time Reviewing Officer's Signature Reviewing Officer's Name (Print) 1251 8-30-1 Date Wood Ise Prisoner's Signature I have received a copy of this report. My signature does not necessarily mean that I agree with the report. Prisoner refused to sign. Copy given to prisoner. WAIVER OF GLASS HOR IN HEARING Date Prisoner's Signature I understand I have a right to a hearing. I waive my right to a hearing and plead guilty to all charges. I also waive my right to appeal and accept the sanctions imposed. SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts) ☐ Counseling/Reprimand (Class III only) Ends: Restitution (Class II only) Begins: Days Toplock Ends: Begins: Days Loss of Privileges Ends: Begins: Hours Extra Duty Property Disposition If Applicable: Date Employee's Signature Employee Accepting Plea and Imposing Sanction (Print) Hearing Investigator's Signature Hearing Investigator's Name (Print) File (Class I and II): Central Office File (Class I); Hearing Investigator (Class I & Class II)

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Dumback, Kathy G. (N	oc)	
From: Sent: Fo: Subject:	Beaulieu (MDOC) Thursday, August 31, 2017 3:24 PM Dumback, (MDOC) RE: Bad Bananas	
at the time. This p	ouldn't see it but the officer on the line said he did. All the bananas were removed and replaced with apples soner was the only one with a complaint. After I had the Kitchen officer inspect all the bananas in the e ok with no overly ripe ones or worms.	
	(MDOC); Kangas, (MDOC) (MDOC); Kangas, (MDOC) (MDOC); Huhtala, (MDOC); Corrigan, (MDOC); Raffaele, (MDOC)	
	August 30, 2017 7:22 PM (MDOC); Kangas, (MDOC) (MDOC); Huhtala, (MDOC); Corrigan, (MDOC); Raffaele, (MDOC)	

MICHIGAN DEPARTMENT OF CORRECTIONS FOOD SERVICE EVENT REPORT

REV. 10/12

Facility: KCF			Report Date: 08/30/17				
Location of Event: Food Service Bldg K-unit			Date of Even	te of Event: 08/30/17 Time			Event: 1710 to 1830
Name of Rep	orting Staff: Sgt Beauli	eu	Title: Sergea	nt			
Indicate Subj	ject of Report by Check	ing Item:					
Sanitation Staffing		g X Food Service and					
Securi	ty/Chemicals	Offend	er Complai	nts	XX Otl	ner	6
worm crawli		AICHIGAN DEPA	ARTMENT OF	CORRE	CTIONS		apples.
Substitution	: Item of Menu	Substitu	uto Itom	1050	Numbero	f Prisoners	Affected
Date of Meal	Iterit of Mena		37.00			- Allected	
08/30/17	Banana	Apple	1	5 entire units			
Meal Delay:							-
Date of Meal	Meal (B,L,D)	Less than :	n 10 Minutes Between 10 &		een 10 & 20 n	ninutes	More than 20 Minutes
Signature of F	Reporting Staff: Sgt Beau	ulieu			Date: 08/30,	/17	
	rden, Deputy Warden, Contract I						