

Page 3

17-08-1982-28E

CONTINUATION OF STEP 3 APPEAL ETC

RETALIATORY EXCESSIVE FORCE AND FOOD POISONING

(CONCERNING DON 5-25-17 INCIDENT)

ON 8-17-17 C/O PYNNOEN (ANDERSON) DROPPED ME FROM 4 DOOR

ON 5-25-17 THESE OFFICERS ACTED SPECIFIC INTENT TO RETALIATE BY USING UNJUSTIFIED GRABIOUS FORCE

ON A NON RESISTING PRISONER WHILE SUBDUED IN HANDCUFFS DUE TO MY PROTECTED RIGHT TO FILE LAWSUITS ON THEIR BEHALF CO-WORKERS WITH NO OTHER PURPOSE THEN TO INFLICT BRUTAL PAIN. I WAS THEN POISONED AT

LUNCH TIME BY TWO OF THE ASSAULTING OFFICERS ANDERSON AND PYNNOEN WHO STATED KICK YOUR BUCKLE AND ASS AS I CONTINUED TO SPIT UP SPECKS OF BLOOD I WAS ALSO DENIED MEDICAL ATTENTION BY

RN ELIZABETH CORNAN, DUE TO EXCESSIVE FORCE MY SWOLLEN JAW AND HEAD INJURIES AND FOOD POISONING DUE TO ME SWALLOWING UP BLOOD WHICH IS CRUEL AND UNSUAL PUNISHMENT AND

THEN WAS INTENTIONALLY DENIED MEDICAL ATTENTION BY OTHER MEDICAL STAFF WITH INTENTIONS TO COVER UP EXCESSIVE FORCE AND FOOD POISONING

SEE DMF (MEDICAL NOTES) AND DMF GRIEVANCE SEE: EXHIBITS

EXHIBIT DMF-17-06-1437-12TH

UNDER THE UNITED STATES CONSTITUTION EVERY PERSON CONVICTED OF A CRIME OR CRIMINAL OFFENSE HAS THE RIGHT NOT TO BE SUBJECTED TO CRUEL AND UNSUAL PUNISHMENT THIS INCLUDES THE RIGHT NOT TO BE ASSAULTED OR BEATEN WITHOUT LEGAL JUSTIFICATION. THE BEATINGS AND INJURIES I SUFFERED CONSTITUTED CRUEL AND UNSUAL PUNISHMENT IN VIOLATION OF THE RIGHTS AMENDMENT PRISON OFFICIALS FAILURE TO PROVIDE NEEDED MEDICAL ATTENTION CONSTITUTED CRUEL AND UNSUAL PUNISHMENT PRISON OFFICIALS MAY NOT RETALIATE ON PRISONER FOR FILING LAWSUITS IT IS A VIOLATION OF THE RIGHTS AMENDMENT TO DISCIPLINE A PRISONER BECAUSE HE HAS FILED A COMPLAINT



*EX-101612  
R-16*

*PLEASE COPY BOTH SIDES  
ON THIS PAGE*



STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

RICK SNYDER  
GOVERNOR

HEIDI E. WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

92438

28E

To Prisoner: Mays # 218101  
Current Facility: *AMF*  
Grievance ID #: AMF-17-08-1982-28E  
Step III Received: 8/24/2017

*3-121*

Your Step III appeal has been reviewed and considered by the Grievance Section of the Office of Legal Affairs in accordance with PD 03.02.130, "Prisoner/Parolee Grievances".

**THE REJECTION IS UPHELD.**

THIS DECISION CANNOT BE APPEALED WITHIN THE DEPARTMENT.

*Richard D. Russell*

Richard D. Russell, Manager Grievance  
Section, Office of Legal Affairs

Date Mailed: SEP 14 2017

cc: Warden, Filing Facility: *AMF*

*EXHIBIT K-16*



Please PRINT clearly illegible and/or incomplete forms will not be processed.

Lock 3-121 525 Institution AME **(INSENT PRISONER)**

Prisoner Number 218101 Prisoner Name (Print Clearly) Marcus D. Mays

*AMP-1208-1482-288  
 OF EXCESSIVE FORCE  
 And then Release*

- Legal Postage
- Filing Fee \$ \_\_\_\_\_
- Certified Mail (Must Be a Court Ordered Requirement)
- New Case
- Case Number \_\_\_\_\_

Pay To: Indigent Legal Postage P.B.F Loan

Mailing Address: TO: (STEP 1 APPEAL) DIRECTOR OFFICE, P.O. BOX 30003  
 CARSONS MICHIGAN 48909. PROOF OF SERVICE: MARCUS D. MAYS  
 DO HEREBY CERTIFY THAT I SENT STEP 1-3 APPEAL OF EXCESSIVE  
 FORCE FOOD POISON ON 8-21-17 THROUGH THE UNIT 3

The following section must be completed in Authorizing Staff Member's presence. RESIDENT UNIT

Prisoner Signature: Marcus D. Mays Date & Time Submitted: 8/21/17 MANAGER AME 17 08-1982-288 FULLY PRE PAID

Received By (Print Name & Title): T. Minton Staff Signature: \_\_\_\_\_

Date & Time Received by Authorizing Staff: 8/21/17 0930

Authorization Denied: CSJ-318 USES THE MAIL BOX RULE ON

- Does not meet definition of legal mail or court filing fee as identified in CFA OP 05.03.118
  - Not hand delivered to authorizing staff member.
  - Does not include court order for handling as certified mail.
  - Prisoner refused to sign & date in staff member's presence.
- INSTITUTIONAL DEBT** 8-21-17  
**INSTITUTIONAL DEBT**  
 AUG 22 2017  
**BARAGA CORRECTIONAL PRISONER ACCOUNTING**

Placed in Mail by (Print Name & Title): \_\_\_\_\_ Signature: \_\_\_\_\_

Postage Amount: \$ 67 Date & Time placed in outgoing Mail: 8/22/17

Only Business Office Staff are to Write in the Section Below

Obligation Amount	Actual Expense
<u>.67</u>	<u>5.01 E</u>

This COURT EXHIBIT IS TO SHOW THE COURT (MY STEP 1) WAS SENT TO STEP 2 APPEAL IN CARSONS

Court filing Fee Denied due to NSF.

Date Posted: 8/22/17  
 Date & Time Copy Sent to Prisoner: 8/22/17 16:30

Processed By (Print Name & Title): T. Minton Acetech Signature: \_\_\_\_\_

DISTRIBUTION: White - Prisoner Accounting Canary - Prisoner Pink - Counselor's File Goldenrod - Prisoner



EXHIBIT  
2-13

TO: STEP 3 APPEAL DIRECTOR'S OFFICE (GRIEVANCE AND APPEAL SECTION)  
P.O. Box 30003, CAMPBELL, MT  
48904

TO WHOM THIS MAY CONCERN (Richard (Russell))

DEAR MR. RICHARD RUSSELL I'm sending you

A 6 PAGE STEP-3 GRIEVANCE OF

EXCESSIVE FORCE AND FOOD POISONING  
DMF-17-09-1982-28E

ON 8-21-17 I will be checking

to make you to see if you

responded and sent my

STEP 3 RESPONSE back

BECAUSE THESE PRISON OFFICIALS  
WILL THROW A PRISONER

STEP 3 GRIEVANCE RESPONSES IN

THE PAST ALSO I

SENT A STEP 1-3 GRIEVANCE

TO CAMPBELL ON HEALTH CARE

IDENTIFIED NUMBERS

DMF-17-06-1437-1224

HAVE YOU SENT A STEP 3 RESPONSE

YET?

PLEASE RESPOND THANK YOU

SINCERELY,  
D  
MAY

BARBARA COOK FACILITY 17924

WADSWORTH ROAD BARRE, MT 49908-9204



MICHIGAN DEPARTMENT OF CORRECTIONS PRISONER/PAROLEE GRIEVANCE FORM

SUPPORTING EXCESSIVE FORCE

EXHIBIT ON EOP PERALIA 48354247 10/94 CSJ-247A

Date Received at Step I \_\_\_\_\_ Grievance Identifier: AMF 116 111 303 228 E

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Table with 6 columns: Name (print first, last), Number, Institution, Lock Number, Date of Incident, Today's Date. Row 1: MARCUS D. MAYS, # 28101, AMF, 3-134, 10-14-16, 11-14-16

What attempt did you make to resolve this issue prior to writing this grievance? On what date?

DAMASE DONE

If none, explain why.

THIS IS MY THIRD GRIEVANCE WRITE ABOUT THIS EXCESSIVE FORCE AND SO NO RESPONSE OR RECEIPT AT ALL STEP 1 GRIEVANCE COMPLAINT SENT OUT FROM PLANTS ABOUT THIS CONTINUOUS PROBLEM ON THE ABOVE DATE 10-14-16 WHILE PASSING OUT FOOD

THERE IS NO JUSTIFICATION EXCESSIVE RETALIATION FORCE BY ESCUO SHIRT EOP PERALIA

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used.

Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

TRAYS EOP PERALIA STATED I HEARD YOU HAVE A LAWSUIT ON MY BUDDY ARNOLD HEMMICK I STATED YES WHY THEN THE OFFICER ASKED ME ARE YOU SOME TO SIGN OFF I TOLD HIM NO IT'S THEN SLAMMED MY ARM IN FOOD SLOT THEN STATED I'M SOME TO REDUCE YOUR INCENTIVE PROGRAM STAGE TO A PERMANENT AND KEEP IT THERE AND I'M SOME TO PUT YOU ON THE PROGRAM BY TAKING YOUR FOOD TRAYS AND INDICENT STORE HE STATED IF YOU WRITE A SKI EVANCE I'M JUST SOME TO DENY IT AS YOUR WOULD AGAINST MINE WHICH MEANS NOTHING PLUS I'M HAVE THE STEP 1 GRIEVANCE COORDINATOR WRITE YOU A FALSELY MISCONDUCT FOR INTERFERING WITH ADMINISTRATIVE RULES AND PLACE YOU ON A MODIFIED GRIEVANCE ACCESS RESTRICTIONS HE STATED I'M SOME TO FUCKING BUY YOUR ASS RESTRICTIONS WITH FALSELY TICKETS) FUCKING SPOTTED NUSSEER HE STATED WE HAVE INDICATORS HERE PLUS YOU ASSAULTED HEMMICK IN 2013 THIS WAS CLEARLY RETALIATORY THIS OFFICER CONDUCT AND PATTERN OF PHYSICAL ABUSE WAS DONE TO MY RIGHTS TO FILE A GRIEVANCE ON KEVIN HEMMICK

STEP 1 GRIEVANCE RESPONSE FROM PLANTS MAY NOT FILE THIS GRIEVANCE

RESPONSE (Grievant Interviewed?) [ ] Yes [X] No If No, give explanation. If resolved, explain resolution.)

You have exceeded the time limits set forth in PD 03.02.130 for filing a step I grievance on an issue that concerns you. As such this grievance is being rejected at this step. However due to the nature of your allegations a copy of this grievance is being forwarded to the Inspectors office for review.

EXHIBIT H-1

THESE GRIEVANCE EXHIBIT COPIES STEP 1-3 ARE ALSO USED AS EXHIBIT IN MY CIVIL ACTION COMPLAINT MARCUS MAYS VS. UNKNOWN OFF

Respondent's Signature, Date, Reviewer's Signature, Date, Respondent's Name (Print), Working Title, Reviewer's Name (Print), Working Title

Date Returned to Grievant, If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature, Date



MICHIGAN DEPARTMENT OF CORRECTIONS PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94 CSJ-247A

SUPPORTIVE EXHIBIT

Date Received at Step I 10/16/16 Grievance Identifier: AMF 16 10 12673 17 21

ONE CO PAROLE

Be brief and concise in describing your grievance issue. If you have any questions concerning the grievance procedure, refer to PD 03.02.130 and OP 03.02.130 available in the prison Law Library.

Table with 6 columns: Name (print first, last), Number, Institution, Lock Number, Date of Incident, Today's Date. Handwritten entries: Marcus D. Mays, #218101, AMF, 3-134, 10/16/16, 10/16/16

What attempt did you make to resolve this issue prior to writing this grievance? On what date? If none, explain why. ON THE ABOVE DATE IN THE OFFICE PERALA WAS MAKING ROUTINE ROUNDS TO TAKE THIS CO I WAS GOING INTO A SEIZURE BECAUSE I FELT IT COMING ON I WAS KNOCKING ON MY CELL DOOR HE STAMMED OPEN MY WINDOW

DIAMASE D. OME THERE IS NO RESOLUTION DELIBERATE INDIFFERENCE AND FAILURE TO PROTECT

State problem clearly. Use separate grievance form for each issue. Additional pages, using plain paper, may be used. Four copies of each page and supporting documents must be submitted with this form. The grievance must be submitted to the Grievance Coordinator in accordance with the time limits of OP 03.02.130.

and stated mays what the fuck do you want I told him I was having a seizure as I fell against the cell door he stated mays you fucking nigger I hope you die. as I blacked out. when I woke up I was laying on the floor against (my cell door) while he was making routine rounds I asked him could he get me a doctor he stated fuck no. you ain't dead yet he stated you spotted up nigger you gonna fucking pay death and I'm gonna keep you on stage 1 in the alcohol program, and gonna get up some more tickets and all I can't do my unit staff and the rest of (Barack Administration) will. THIS OFFICER CONDUCT CONSIDERED UNBECOMING OF A CIVIL SERVICE EMPLOYEE. VIOLATION OF DISCIPLINARY STANDARDS P.C. 01.06.MI. HE ALSO STATED MY BUDDY HEMMILLER TOLD YOU HONORED AND UNSUSUAL PUNISHMENT HE ALSO STATED MY BUDDY HEMMILLER TOLD YOU FUCKING MISGIVERS GUTS and how so do I. DELIBERATE INDIFFERENCE TO A SERIOUS MEDICAL NEED WAS SHOWN WHEN THIS OFFICER PERALA KNEW I WAS HAVING A SEIZURE PUTTING MY PUTTING MY HEALTH AND SAFETY AT RISK (MARCUS D. MAYS) SEE PAGE 20 and ultimately refuse to attend my pain and SUFFERING BY REFUSING MEDICAL ATTENTION

RESPONSE (Grievant Interviewed?) [X] Yes [ ] No If No, give explanation. If resolved, explain resolution.)

See Attached

EXHIBIT C-1

THESE GRIEVANCE EXHIBITS STEPS 1-3 ARE ALSO USED AS EXHIBIT IN MY CIVIL ACTION COMPLAINT MARCUS MAYS VS. UNKNOWN C/O PAROLEE SEE 2:17-cv-00167

Respondent's Signature, Date, Reviewer's Signature, Date, Respondent's Name (Print), Working Title, Reviewer's Name (Print), Working Title

Date Returned to Grievant: 11/2/16 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature, Date

DISTRIBUTION: White, Green, Canary, Pink — Process to Step One: Goldenrod — Grievant

EXHIBIT C-1



MICHIGAN DEPARTMENT OF CORRECTIONS  
**MISCONDUCT REPORT**

CSJ-228  
10/10 4835-3228

Prisoner Number: 218101	Prisoner Name: Mays <i>(REX ALGOT R-22)</i>	Facility Code: AMF	Lock: 3-214	Violation Date: 5-29-17
Time and Place of Violation: 0852 Unit 3 B wing		Contraband Removal Record Provided to Prisoner? <input type="checkbox"/> Yes Date _____ <input checked="" type="checkbox"/> N/A		

Misconduct Class:  I  II  III Charge(s): Insolence

Describe Violation (If contraband involved, describe in detail; identify any other employee witnesses):  
At the above date and time, while making a round on B-wing, I told prisoner Mays 218101 from 2 feet away with direct eye contact to get ready for a health care call out. Prisoner Mays responded "fuck you bitch, get away from my door. I don't fuck with you". Prisoner Mays was screaming and punched his cell door window while this was said. Prisoner Mays ID'd by daily contact and unit 3 master count board.

*Supposed to be out of cell*  
*F-22A*  
*Which this is Pynnonen promise he would do it & tried and kill a grievance on him*  
*WE DROPPED MY STAGE*

Reporting Staff Member's Name (Print) C/O Pynnonen	Reporting Staff Member's Signature <i>Pynnonen</i>	Date and Time Written 5-29-17 at 0915 <i>FROM 4-3</i>
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**REVIEW**

Location/Verification/Condition of Evidence:  
*ON 5-26-17 I was told by PYNNONEN AND HATIKO that I had a health care call out AFTER I came out of my cell*

Elevated to Class I at review:  No  Yes If "yes", explain reason:  
*I told c/o PYNNONEN that HE WAS NOT*

**COMPLETE THIS SECTION ONLY FOR REVIEW OF CLASS I MISCONDUCT**

Status Pending Hearing:  Bond  Segregation  Confinement to Cell/Room  Other  
Reason if Non-Bond:  Non-Bond List  Bond Revoked (must give reason) *SUPPOSE TO BE BOUND*

Date and Time Given this Status: \_\_\_\_\_ Who Notified in Housing Unit of Status: *MR. ARTEL HE DID*

Hearing Investigator Requested?  No  Yes Witnesses Requested?  No  Yes *MR. ARTEL KELLER*

Relevant Documents Requested?  No  Yes If yes, list:  
*ON 5-25-17 WHEN PYNNONEN AND ANKENSEW*

Additional Comments: *none* Prisoner Waives 24 Hour-Notice of Hearing?  No  Yes  
Hearing Date: *5-31-17* *PRISON MY TRIP*

Reviewing Officer's Name (Print) <i>Sgt. Jovan</i>	Reviewing Officer's Signature <i>Sgt. Jovan</i>	Review Date and Time <i>5-29-17 1226</i>
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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. *WHICH HAD MR. JAVAN'S COPY SPECIALLY OF BLOOD*

**WAIVER OF CLASS II OR III HEARING**

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.  
Prisoner's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SANCTIONS IMPOSED (Hearing Investigator enters begin and end dates for Class II misconducts)**

Days Toplock Begins: \_\_\_\_\_ Ends: \_\_\_\_\_  Counseling/Reprimand (Class III only)  
Days Loss of Privileges Begins: \_\_\_\_\_ Ends: \_\_\_\_\_  \$ \_\_\_\_\_ Restitution (Class II only)  
Hours Extra Duty Begins: \_\_\_\_\_ Ends: \_\_\_\_\_ *ON 5-29-17 PYNNONEN AND C/O*

Property Disposition If Applicable: \_\_\_\_\_ *ON 5-29-17 CAME AND GOT ME*

Employee Accepting Plea and Imposing Sanction (Print)	Employee's Signature <i>Coronado</i>	Date <i>FOR HEALTH AND TOOK ME UP THE HILLY WOULD I REFUSE TO</i>
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Hearing Investigator's Name (Print)	Hearing Investigator's Signature <i>FOR C/O PYNNONEN</i>	Date <i>SAID ON 5-29-17 WHEN</i>
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