

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSJ-247A

Date Received at Step I 6/3/13 Grievance Identifier: [REDACTED]

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.

Name (print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

If none, explain why. Due to the issue being spoken over the intercom there was no proper way to resolve this issue.

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.

On 5/28/13 [REDACTED] stated over the intercom for all of the unit to hear that I was HIV/AIDS positive and that I needed to start my treatment. This announcement happened around 5:15 PM. After the above incident I received a threat from another prisoner who stated that I had to show him my HIV/AIDS results to prove I wasn't positive. After resolving the issue I feel like officer [REDACTED] purposely put my life in jeopardy with [REDACTED] of character.

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

See attached.



Date Returned to Grievant: 6/13/13 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

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