

*Joey Dearduff, et al. v. Washington, et al.*  
USDC-ED No. 2:14-cv-11691  
Honorable Laurie L. Michelson  
Magistrate Judge Mona K. Majzoub

# **EXHIBIT G**



# MDOC Prisoner Step III Grievance Report

May 2009 to Present

**Inmate Number** 970872 **Last Name** Bailey **First Name** Nicholas

**Step III Rec'd** **Grievance Identifier** **Grievance Category** **Received Date** **Step I** **Resolved** **Partially Resolved** **Denied** **Rejected** **Closed** **Date Mailed**

X 11/2/2017 RMI-17-10-2102-28I 28I 19 10/5/2017       11/27/2017

Notes:

X 9/11/2017 RMI-17-08-1742-28A 28A 19 8/16/2017       9/27/2017

Notes:

X 5/8/2017 RMI-17-02-0305-28e 28e 19 2/13/2017       6/22/2017

Notes:



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

HEIDI E. WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

93990

281

To Prisoner: Bailey #: 970872  
Current Facility: RMI  
Grievance ID #: RMI-17-10-2102-28I  
Step III Received: 11/2/2017

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, Manager Grievance  
Section, Office of Legal Affairs

Date Mailed: NOV 27 2017

cc: Warden, Filing Facility: RMI

MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 5/09  
 CSJ-247B

Date Received by Grievance Coordinator  
 at Step II: 10-12-17

Grievance Identifier: RMI11710 2102 281

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

NOV 03 2017

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: K. Miller by 10-23-17. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Nicholas Bailey	970872	RMI	J4-19	9-1-17	10-10-17

**STEP II — Reason for Appeal** One 6-26-17 John Jobouhan put me on a soft food Diet and it did not work. I'm still having a hard time eating. I went to health care and Grekowitz, RN put me on Milk of magnesia so I can go to the bathroom properly. I also lost weight (10lbs). I did consult Staff about resolving this issue but Russell wants me to do something that I already did.

[Signature] 10-10-17

**STEP II — Response**

Date Received by  
 Step II Respondent:

See Attached

C. Palmer [Signature] 10/13/17  
 Respondent's Name (Print) Respondent's Signature: Date

Date Returned to  
 Grievant:  
10-17-17

**STEP III — Reason for Appeal** I did try to resolve with staff But the Dentist immediately was for soft food Diet. I am losing weight. I've lost 5 to 10 pound in the past 3 to 4 weeks Because I can't eat properly.

[Signature] 10-17-17

**NOTE:** Only a copy of this appeal and the response will be returned to you.

**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

**Step II Grievance Appeal Response**

**RMI-17-10-2102-281**

**Name: Bailey**

**Number: 970872**

**Lock: J-4-14**

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130, "Prisoner/Parolee Grievances" and the rejection is upheld at Step II.

C. Palmer, Warden



10/13/17

Respondent's Name (Print)

Respondent's Signature

Date

The 1st one was Not received 9-12-17

m/ll  
@ Job.

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSI-247A

Date Received at Step I 10-5-17 Grievance Identifier: RMI1171101 121102 20E

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
Nicholas Bailey	970872	RMI	5414	9-1-17	10-2-17

What attempt did you make to resolve this issue prior to writing this grievance? On what date?  
If none, explain why. I had all my teeth pulled, I am unable to eat. I am in pain and discomfort while im eating food

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. My complaint was that I cant eat the food you give me, your remedy was to give me soft food on 6-26-17, which made me have bad diarrhea + dehydrated and really weak. So I went to normal food and I cant eat it either. I am not able to get my daily caliore intake, and I can not eat because I have no teeth.

Grievant's Signature

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

Rejected

K. Miller  
Respondent's Signature  
K. Miller  
Respondent's Name (Print)  
10-5-17  
Date  
WPR  
Working Title

J. Artos  
Reviewer's Signature  
F. ARTIS  
Reviewer's Name (Print)  
10/6/17  
Date  
Deputy  
Working Title

Date Returned to Grievant: 10-9-17 If resolved at Step I, Grievant sign here. Resolution must be described above. \_\_\_\_\_ Grievant's Signature \_\_\_\_\_ Date

Michigan Department of Corrections  
GRIEVANCE REJECTION LETTER

DATE: 10/5/2017

TO: BAILEY 970872

LOCATION: RMI J-4-14

FROM: Grievance Coordinator: K. Miller

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding **Failed to attempt to resolve the issue with staff** was received in this office on **10/5/2017** and was rejected due to the following reason:  
**The grievant did not attempt to resolve the issue with the staff member involved prior to filing the grievance unless prevented by circumstances beyond his/her control of if the issue falls within the jurisdiction of the Internal Affairs Division in Operations Support Administration.**

Any future references to this grievance should utilize this identifier: RMI / 2017 / 10 / 2102 / 28I

K. Miller 10-5-17  
Respondent Date

Deputy J. Carter 10/6/17  
Reviewer Date



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
LANSING

HEIDI E. WASHINGTON  
DIRECTOR

**STEP III GRIEVANCE DECISION**

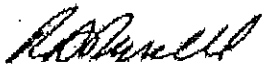
92727  
28A

To Prisoner: Bailey #. 970872  
Current Facility: *RMI*  
Grievance ID #: RMI-17-08-1742-28A  
Step III Received: 9/11/2017

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, Manager Grievance  
Section, Office of Legal Affairs

Date Mailed:  
SEP 27 2017

cc: Warden, Filing Facility: *RMI*



MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 5/09  
 CSJ-247B

Date Received by Grievance Coordinator at Step II: 8-24-17

Grievance Identifier: RMI 17018 1742 2BA

**INSTRUCTIONS: THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.**

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED  
 SEP 11 2017  
 Office of Legal Affairs

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to: K. Naiter by 8-31-17. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Nicholas Bailey	970972	RMI	J-4-14	7-19-17	8-22-17

**STEP II — Reason for Appeal**

This is not a Duplicate Issue. Because the Issue was never resolved. This problem is causing me to have other Health Problems. If Health Care (Dental) will fix the problem they caused in beginning I won't have any Issues at all

*[Signature]* 8-22-17

**STEP II — Response**

Date Received by Step II Respondent:

See attached

C. Palmer C. Palmer 08/30/17  
 Respondent's Name (Print) Respondent's Signature Date

Date Returned to Grievant:  
8-31-17

**STEP III — Reason for Appeal**

This is not a duplicate issue. I have been with out teeth since August 30th 2016 and I am having a very hard time eating and Im constantly in pain. I'm also losing weight and also having irregular bowel movement.

*[Signature]*

**NOTE: Only a copy of this appeal and the response will be returned to you.**

**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

**Step II Grievance Appeal Response**

**RMI-17-06-1742-28A**

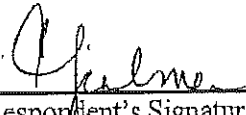
**Name: Bailey**

**Number: 970872**

**Lock: J-4-14**

The Step I rejection has been reviewed by the Warden's Office in accordance with PD 03.02.130, "Prisoner/Parolee Grievances" and the rejection is upheld at Step II.

C. Palmer, Warden



08/30/17

Respondent's Name (Print)

Respondent's Signature

Date

Correspondent To RMI-17-02-0305-288 n/A  
17-02-0305-12a2

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSI-247A

Date Received at Step I 8-16-17 Grievance Identifier: RMI170811742128A

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
Mendes Bailey	97087A	RMI	J-4-14	7-19-17	8-14-17

What attempt did you make to resolve this issue prior to writing this grievance? On what date? \_\_\_\_\_  
If none, explain why. I Kited Dental about Making a  
Exemption about getting Dentures

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.

I Kited Dental on 7-19-2017 about making a exemption about getting Dentures to eat. I have suffered and still suffering even when I was on Soft food. It hurts to eat Period. Failure to provide Reasonable attention for these conditions and follow-up care violates the Constitution and the Eighth Amendment. Department of Corrections policies are NOT always Applicable especially when the policy is in direct conflict with ongoing HEALTH PROBLEMS.

*[Signature]*  
Grievant's Signature

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

<u>K. Miller</u> Respondent's Signature	<u>8-16-17</u> Date	<u>J. Artus</u> Reviewer's Signature	<u>8/16/17</u> Date
<u>K. Miller</u> Respondent's Name (Print)	<u>CR</u> Working Title	<u>J. ARTUS</u> Reviewer's Name (Print)	<u>Reputy</u> Working Title

Date Returned to Grievant: <u>8-17-17</u>	If resolved at Step I, Grievant sign here. Resolution must be described above.	Grievant's Signature	Date
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Michigan Department of Corrections  
GRIEVANCE REJECTION LETTER

DATE: 8/16/2017

TO: BAILEY 970872

LOCATION: RMI J-4-14

FROM: Grievance Coordinator: K. Miller

SUBJECT: Receipt/Rejection/Denial for Step I Grievance

Your Step I grievance regarding Duplicate Issue was received in this office on 8/16/2017 and was rejected due to the following reason: Your grievance is being returned to you without processing for the issue is a duplicate of the grievance listed at the end of this paragraph that has already been processed. Per PD 03.02.130 duplicate issue grievances will not be processed. Grievance denied at first step.

Any future references to this grievance should utilize this identifier: RMI / 2017 / 08 / 1742 / 28A

Duplicate of RMI / 1702 / 0305 / 12A2.

<u>K. Miller</u>	<u>8-16-17</u>	<u>Deputy J. Artas</u>	<u>8/16/17</u>
Respondent	Date	Reviewer	Date

**Step III Grievance Response**

NICHOLAS BAILEY                    970872  
RMI      17020305

Grievant is alleging inappropriate denial of dentures for concerns of eating without teeth.

In accordance to PD.03.02.130 grievances are to be rejected when untimely. Pursuant to policy, this grievance was untimely filed by the grievant at the Step III appeal. The grievant's Step III appeal was to be received by April 11, 2017, however it was not received until May 8, 2017.

The grievance tracking number has been changed from RMI-17-02-0305-12a2 to RMI-17-02-0305-28e in order to reflect the grievance category code at Step III.

Grievance rejected.

Response of Bureau of Health Care Services

Date: 6/13/2017

Approved: *R. Harbaugh RN*  
R. Harbaugh, RN

Date: *8/15/17*

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

**JUL 08 2017**  
Date Mailed

Ref. #                    26605

C:      Warden      **RMI**  
Regional Health Care Administrator                    Southern  
Grievant

MICHIGAN DEPARTMENT OF CORRECTIONS  
**PRISONER/PAROLEE GRIEVANCE APPEAL FORM**

4835-4248 5/09  
 CSJ-247B

Date Received by Grievance Coordinator  
 at Step II: 3-9-17

Grievance Identifier: RMI117021 10305112142

**INSTRUCTIONS:** THIS FORM IS ONLY TO BE USED TO APPEAL A STEP I GRIEVANCE.

The white copy of the Prisoner/Parolee Grievance Form CSJ-247A (or the goldenrod copy if you have not been provided with a Step I response in a timely manner) **MUST** be attached to the white copy of this form if you appeal it at both Step II and Step III.

RECEIVED MDOC  
 MAY 08 2017  
 Office of Legal Affairs

If you should decide to appeal the Step I grievance response to Step II, your appeal should be directed to K. Miller by 3-10-17. If it is not submitted by this date, it will be considered terminated.

If you should decide to appeal the response you receive at Step II, you should send your Step III Appeal to the Director's Office, P.O. Box 30003, Lansing, Michigan, 48909.

Name (Print first, last)	Number	Institution	Lock Number	Date of Incident	Today's Date
Nicholas Bailey	970872	RMI	J-1-31	2-1-17	3-3-17

**STEP II — Reason for Appeal**

Department of Corrections policies are not always applicable especially when the policy is in direct conflict with the ongoing health of the convict. Step 1 citing of policy is not acceptable when you have Document's stating Differently  
 Nicholas Bailey

**STEP II — Response**

See Attached

Date Received by  
 Step II Respondent:

S. Aiken / J. Aiken / 3-27-17  
 Respondent's Name (Print)      Respondent's Signature      Date

Date Returned to  
 Grievant:  
3-27-17

**STEP III — Reason for Appeal** The Administration is in wrong in there ends. I have been placed way beyond risk. I also have been placed in cruel and unusual punishment. I am nearly creating my own administration remedies prior to suing in a civil litigation on this matter. Here are some bases on the same matter, 2:14-cv-11691-LJM-MKM; 2016 US Dist. Court 43165 / 320 F.3d 1235, 1247 (11th Cir. 2003) / 23 P. Supp. At 403-04

**NOTE:** Only a copy of this appeal and the response will be returned to you.

**STEP III — Director's Response** is attached as a separate sheet.

DISTRIBUTION: White - Process to Step III; Green, Canary, Pink - Process to Step II; Goldenrod - Grievant

## Step II Grievance Appeal Response

<b>Grievance Number:</b> RMI 2017 02 0305 12A2
<b>Prisoner Name:</b> Bailey, Niucholas
<b>Prisoner Number:</b> 970872

I have reviewed your Step I Grievance, the Step I Response, and your Step II Reason for Appeal.

**SUMMARY OF STEP I COMPLAINT:** His gums are swollen, painful, and bleed a lot because he doesn't have dentures to eat with. Date of incident 2/1/17.

**SUMMARY OF STEP I RESPONSE:** Grievant has not been incarcerated for 24 consecutive months with the MDOC and is therefore not eligible for routine dental services. PD 04.06.150 (A) states that prosthetic dental services (includes dentures) are a routine dental service. PD 04.06.150 (L) Prisoners are eligible for routine dental services after 24 months from the first day of intake. Grievant is not eligible for dentures at this time per policy. No violation of policy or procedure occurred. Based upon review of all information, this grievance is denied at Step I. Date of response 2/16/17.

**SUMMARY OF STEP II REASON FOR APPEAL:** Grievant alleges the Department of Corrections policies are not always applicable especially when the policy is in direct conflict with the ongoing health of the convict. Step I citing of policy is not acceptable when you have documents stating differently. Date of incident 2/1/17.

**SUMMARY OF STEP II INVESTIGATION;** Upon investigation of the Dental record and reviewing policy; Grievant has an intake date of 4/21/16, therefore he is eligible, per policy for routine dental care 24 months after his intake date, which would be 4/21/18. ON 11/22/16 dental discussed with Bailey why he is not eligible for dentures yet. Explained existing policy. Offered to order a soft diet for him, but hje declined saying the food was already soft. Patient left satisfied that he was not being denied Tx he was eligible for. On 2/16/17 documentation reflects; Discussed patient's problem with sore gums from eating without teeth. Told him that he is not eligible yet for dentures, but that there are dietary options. Recommended he kite the dietician and request an appt. to discuss his needs.

Please see PD 04.06.150 Dental Services; L. Routine dental services; Prisoners are eligible for routine dental services after 24 months from the first day of intake.

Mr. Bailey, you are free to submit a HCR to dietary to evaluate your dietary needs and/or you may also submit a HCR to be evaluated by Health Care for assessment of your mouth. Grievance denied for routine dental services, however you are eligible to request these services after 24 months, starting 4/21/18.

Grievant has and will continue to receive all necessary medical treatment. Grievant is encouraged to access health care through the kite process to address any current health care concerns and to constructively discuss his concerns with Health Care Staff at scheduled appointments.

**CONCLUSION: Evidence**

- PD 03.02.130, Prisoner Grievances
- Policy 03.04.100 Health Services
- PD 04.06.150 Dental Services

**Grievance Denied:** Grievant does not qualify for routine dental services for 24 months after intake. Grievant can submit a HCR for dietary or Health Care to be evaluated.

<b>RESPONDENT NAME:</b> Subrina Aiken, RN	<b>TITLE:</b> Clinical Administrative Assistant Jackson Health Care Office Administration
<b>RESPONDENT SIGNATURE:</b> <i>Subrina Aiken, RN</i>	<b>DATE:</b> 3/21/17

Job.

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSJ-247A

Date Received at Step I 2-13-17 Grievance Identifier: RMI 17021 103195121A2

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
Nicholas Bailey	970872	RMI	J-1-31	2-1-17	2-9-17

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 2-1-17  
If none, explain why. I wrote health care Rite to dental about medical problems I am having. It has been 6 business days

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. I told dental that I am having gum problems. They are swollen, bleeding, hurt almost all the time. I have not got a response at all, and it is hard for me to engage in normal activities and can not eat properly. Thus the failure to provide reasonable, and reasonably prompt attention for these conditions, and the failure to provide follow-up care that is ordered by dental or medical personnel, violates the Constitution, Eighth Amendment, Fifth Amendment, and the Fourteenth Amendments.

Nicholas Bailey  
Grievant's Signature

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

see attached reply

John Joboulian DDS 2/16/17  
Respondent's Signature Date  
JOHN JOBOULIAN DENTIST-16  
Respondent's Name (Print) Working Title

J. J. Kozicki 2-17-17  
Reviewer's Signature Date  
John J. Kozicki Dentist  
Reviewer's Name (Print) Working Title

Date Returned to Grievant: 2-24-17 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_



**Michigan Reformatory Step 1 Grievance Response**

Grievance Number:	R	M	I	2	0	1	7	0	2	0	3	0	5	1	2	A2
Prisoner Name:	Bailey										Lock		Facility			
Prisoner Number:	970872										J-1-31		RMI			
Prisoner			X	was interviewed												
				was not interviewed. GIVE REASON:												

**GRIEVANT ALLEGATION:** his gums are swollen, painful, and bleed a lot because he doesn't have dentures to eat with.

**INVESTIGATION INFORMATION:** Grievant has not been incarcerated for 24 consecutive months with the MDOC and is therefore not eligible for routine dental services.

**APPLICABLE POLICY DIRECTIVE, OPERATING PROCEDURE, ETC.:**

PD 04.06.150 (A) states that prosthetic dental services (includes dentures) are a routine dental service.

PD 04.06.150 (L) Prisoners are eligible for routine dental services after 24 months from the first day of intake.

**SUMMARY:** Grievant is not eligible for dentures at this time per policy.

No violation of policy or procedure occurred.

Based upon review of all information, this grievance is denied at this level.

RESPONDENT NAME:	John Joboulian, DDS	TITLE:	Dentist-16
RESPONDENT SIGNATURE:	<i>John Joboulian, DDS</i>	DATE:	February 16, 2017
REVIEWER NAME:	John Kozicki, DDS	TITLE:	Dentist
REVIEWER SIGNATURE:	<i>J. Kozicki</i>	DATE:	2-17-17