



VIRGINIA DEPARTMENT OF CORRECTIONS

866.1 A-7

DOC Location: WRO Western Regional Office

Report generated by Bivens, R H

Report run on 09/04/2020 at 01:16 PM

Offender Grievance Response - Level II

| Offender Name | DOC# | Location | Grievance Number |
|----------------|---------|--|-------------------|
| Rose, Thomas A | 1434775 | Current River North Correctional Center | RNCC-20-REG-00196 |
| Housing | | Filed River North Correctional Center | |
| C-2-223-B | | | |

LEVEL II: REGIONAL DIRECTOR, HEALTH SERVICES DIRECTOR OR CHIEF OF OPERATIONS FOR OFFENDER MANAGEMENT SERVICES RESPONSE (To be completed and mailed within 20 calendar days)

Your grievance appeal has been reviewed along with the response from the Level I respondent and your original complaint.

Based on the information provided, I am upholding the decision of the Level I respondent, which has determined that your grievance is **unfounded**. I find no violation of policy.

In accordance with Operating Procedure 866.1, Offender Grievance Procedure, this is your **last level** of appeal. You have exhausted all administrative remedies.

| | |
|-------------------------|----------|
| Regional Administrator | Date |
| <i>C.M. [Signature]</i> | 4/9/2020 |
| | |
| | |



VIRGINIA DEPARTMENT OF CORRECTIONS

Offender Grievance Response - Level I

866.1 A-6

DOC Location: RNCC River North Correctional Center

Report generated by Walls, B S

Report run on 08/28/2020 at 10:34 AM

| Offender Name | DOC# | Location | Grievance Number |
|----------------|---------|--|-------------------|
| Rose, Thomas A | 1434775 | Current River North Correctional Center | RNCC-20-REG-00196 |
| Housing | | Filed River North Correctional Center | |
| C-2-223-B | | | |

LEVEL I: WARDEN/SUPERINTENDENT'S RESPONSE (To be completed and mailed within 30 calendar days)

In your grievance you state on 8/7/2020, you allege you were attacked by offender Larry Dodson 1394201, who is a white inmate, and in defense of yourself you took him to the floor and attempted to restrain him. You declare you never struck or attempted to strike Dodson; however, Dodson struck you continuously causing your eye to swell and nose to bleed. You insist during this altercation you were only shot several times, maced by a responding Officer, and bite by the dog because you are black. You contend this malicious and sadistic conduct violates your 8th Amendment Rights and constitutes tortious conduct, while committing battery and grossly negligent use of excessive force.

As a result of this grievance you would like to be compensated for your mental and physical injuries, and the malicious and sadistic conduct of Officers involved, as well as the Officers sanctioned, and you would like for K-9s to be removed from all VADOC Prisons.

An investigation into your complaint indicates: On 8/7/2020, you were in an altercation with offender Larry Dodson. When Officers sounded the audible warning, you failed to lay face-down on the ground/floor as stated in the RNCC Offender Orientation Manual. Your failure to remove yourself from the top of offender Dodson when the alarm sounded and audible warning given resulted in Security Staff firing the less than lethal rounds upon you and offender Dodson. Further non-compliance resulted in the utilization of pepper spray by responding Officers. The K-9 was enforced upon you because you continued to be non-compliant and stay on top of offender Dodson. RNCC Staff gave you multiple opportunities to relinquish your position from atop of offender Dodson; however, you did not comply until the K-9 was initiated. RNCC Staff is found to have abided within procedure during your incident with offender Dodson. No violation of procedure is found.

Your grievance is governed by Restricted Procedure and RNCC Offender Orientation Manual.

After thoroughly reviewing the information presented by staff in response to your complaint and the policy governing the issue, I find your grievance to be **UNFOUNDED**.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Regional Admin. 5427 Peters Creeks Road-Suite 350, Roanoke, VA 24019-3891

| | |
|--|-------------------------------------|
| <p><i>D. with A.W. A. White</i></p> <p>Warden/Superintendent</p> | <p><i>8-28-2020</i></p> <p>Date</p> |
|--|-------------------------------------|

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OMBUDSMAN SERVICE UNIT
WESTERN REGION

I wish to appeal the Level I response because: I do NOT CONCEDE ANY OF MY PREVIOUSLY MENTIONED ARGUMENT. 2) THE FIRST INVESTIGATION FOUND THAT I WAS NEVER THE ASSAULT AND I WAS IMMEDIATELY PLACED IN G.P., THEREFORE THE FORCE USED WAS EXCESSIVE. DODSON OR ANY OTHER PERSON LIFE OR SAFETY WAS NEVER THREATENED BY MY ACTIONS. NON-COMPLIANCE DOES NOT JUSTIFY THE LEVEL OF FORCE USED DURING THIS INCIDENT.

| | |
|---|-----------------------------|
| Offender Signature <i>Thomas A. Rose #1434775</i> | Date <i>August 30, 2020</i> |
|---|-----------------------------|

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 WESTERN REGION



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

AUG 28 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number: RNCC- 20

00196

RG-01319

| | | | |
|---|--|-----------------|--------------------------|
| ROSE THOMAS Last Name, First | 1434775 Number | C-2 Building | 223-B Cell/Bed Number |
| UNKNOWN Individuals Involved in Incident | 8-7-2020 1:40 PM Date/ Time of Incident | | |

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.) ON August 7, 2020 I WAS ATTACKED by OFFENDER LARRY DODSON #1394201, who IS A WHITE INMATE. IN DEFENSE OF MYSELF I TOOK MR. DODSON TO THE FLOOR AND ATTEMPTED TO RETRAIN HIM. I NEVER STRUCK OR ATTEMPT TO STRIKE MR. DODSON. HOWEVER, DODSON STRUCK ME CONTINUOUSLY CAUSING MY EYE TO SWELL AND MY NOSE TO BLEED. WHEN THE OFFICER FEELING THE GUN BEGUN SHOOTING HE ONLY TARGETED ME BECAUSE I AM BLACK. I WAS SHOT SEVERAL TIMES AND DODSON WAS NOT AT ALL. THIS MALICIOUS AND SADISTIC CONDUCT VIOLATES MY 8th AMENDMENT RIGHTS AND CONSTITUTES TORTIOUS CONDUCT. IT SHOULD BE NOTED, MR. DODSON WAS NOT SHOT AT ALL THROUGHOUT THIS ENTIRE INCIDENT.

What action do you want taken? ¹⁾ I would like to be compensated for my mental and physical injuries. ²⁾ I would like to be compensated for the malicious and sadistic intent of the officer involved. ³⁾ I would like the officer involved sanctioned for his unlawful conduct.

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SEP 04 2020
OMBUDSMAN SERVICE UNIT
WESTERN REGION

Grievant's Signature: Thomas A. Rose Date: August 25, 2020
 Warden/Superintendent's Office: _____
 Date Received: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_F1_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections |
| <input type="checkbox"/> | Does not affect you personally (This issue did not cause you personal loss or harm) |
| <input type="checkbox"/> | Limited. You have been limited by the Warden/Superintendent |
| <input type="checkbox"/> | More than one issue – resubmit with only one issue |
| <input type="checkbox"/> | Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender’s control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. |
| <input type="checkbox"/> | Repetitive. This issue has been grieved previously in Grievance # |
| <input type="checkbox"/> | Inquiry on behalf of other offenders. |
| <input type="checkbox"/> | Group Complaints or Petitions. Grievances are to be submitted by individuals. |
| <input type="checkbox"/> | Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i> |
| <input type="checkbox"/> | Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals. |
| <input type="checkbox"/> | Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: |
| <input type="checkbox"/> | Informal Procedure. You have not used the informal process to resolve your complaint |
| <input type="checkbox"/> | Request for services |
| <input type="checkbox"/> | Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____ |
| <input type="checkbox"/> | The issue in the grievance is different from the issue in the informal complaint |

Institutional Ombudsman/Grievance Coordinator: _____ Date: _____

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman’s decision is final.

Regional Review of Intake (within 5 working days of receipt)

| | |
|--------------------------|--|
| <input type="checkbox"/> | The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> . |
| <input type="checkbox"/> | The intake decision is being returned to you because the 5 day time limit for review has been exceeded. |
| <input type="checkbox"/> | The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging. |

Regional Ombudsman: _____ Date: _____

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

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AUG 13 2020



VIRGINIA DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

GRIEVANCE DEPT.

AUG 28 2020

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

Offender Name: THOMAS ROSE; Offender Number: 1434775; Housing Assignment: C2-223 B; Date/Time of Incident: August 7, 2020; 1:40 PM

- Unit Manager/Supervisor, Personal Property, Medical Administrator, Food Service, Commissary, Other (Please Specify): Institution Ombudsman, Institutional Program Manager, Mailroom

Briefly explain the nature of your complaint (be specific):

On August 7, 2020 I was attacked by offender LARRY DODSON #1394261, who is a white inmate. In defense of myself I took Mr. DODSON to the floor and attempted to restrain him. I never struck or attempt to strike Mr. DODSON. However, DODSON struck me continuously causing my eye to swell and my nose to bleed. When the officer firing the gun began shooting he only targeted me because I am black. I was shot several times and Dodson was not shot at all. This malicious & sadistic conduct violates my 8th Amend. rights and constitutes tortious conduct.

Offender Signature: Thomas Rose; Date: August 11, 2020

Offenders - Do Not Write Below This Line

Date Received: 8/13/2020; Tracking # RNCC- 20 -INF- 01319; Response Due: 8/30/2020; Assigned to: UM C

Action Taken/Response: Audible warning was given, you failed to comply with the order to stop and lay on the floor on therefore you were engaged per policy.

Respondent Signature: [Signature]; Printed Name and Title: [Signature]; Date: 8/17/2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____; Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

RECEIVED RNCC

REGULAR GRIEVANCE

AUG 28 2020

Log Number: RNCC- 20 -REG-01317 00196

GRIEVANCE DEPARTMENT

| | | | |
|----------------------------------|------------------------|----------|-----------------|
| ROSE THOMAS | 1434775 | C-2 | 223-B |
| Last Name, First | Number | Building | Cell/Bed Number |
| UNKNOWN | 8-7-2020 1:40 PM | | |
| Individuals Involved in Incident | Date/ Time of Incident | | |

WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

ON 8-7-2020 I WAS ATTACKED BY OFFENDER LARRY DODSON 1394201 WHO IS A WHITE INMATE. IN DEFENSE OF MYSELF I ^{TOOK} DODSON TO THE FLOOR AND ATTEMPTED TO RESTRAIN HIM. I NEVER STRUCK OR ATTEMPTED TO STRIKE DODSON. HOWEVER, DODSON STRUCK ME CONTINUOUSLY CAUSING MY EYE TO SWELL AND MY NOSE TO BLEED. WHEN THE OFFICER ENTERED THE POD THEY IMMEDIATELY APPROACHED US AND MACE D ME ONLY BECAUSE I AM BLACK. THE OFFICER WHO MACE D ME DID SO MALICIOUSLY AND SADISTICALLY IN VIOLATION OF MY 8th AMENDMENT RIGHTS, WHILE ALSO EITHER COMMITTING A BATTERY OR GROSSLY NEGLIGENT USE OF EXCESSIVE FORCE.

What action do you want taken?

1) I would like to be compensated for my mental and physical injuries. 2) I would like to be compensated for the malicious and sadistic intent of the officer involved. 3) I would like the officer involved ~~sanctioned~~ sanctioned for his unlawful conduct.

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SEP 04 2020
JUDICIAL SERVICE UNIT
WESTERN REGION

Grievant's Signature: A. Rose

Date: August 25, 2020

Warden/Superintendent's Office: _____

Date Received: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

| | |
|--|---|
| <input type="checkbox"/> | Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections |
| <input type="checkbox"/> | Does not affect you personally (This issue did not cause you personal loss or harm) |
| <input type="checkbox"/> | Limited. You have been limited by the Warden/Superintendent |
| <input type="checkbox"/> | More than one issue – resubmit with only one issue |
| <input type="checkbox"/> | Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender’s control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. |
| <input type="checkbox"/> | Repetitive. This issue has been grieved previously in Grievance # |
| <input type="checkbox"/> | Inquiry on behalf of other offenders. |
| <input type="checkbox"/> | Group Complaints or Petitions. Grievances are to be submitted by individuals. |
| <input type="checkbox"/> | Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i> |
| <input type="checkbox"/> | Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals. |
| <input type="checkbox"/> | Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: |
| <input type="checkbox"/> | Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint |
| <input type="checkbox"/> | Request for services |
| <input type="checkbox"/> | Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____ |
| <input type="checkbox"/> | The issue in the grievance is different from the issue in the informal complaint |
| Institutional Ombudsman/Grievance Coordinator: _____ Date: _____ | |

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman’s decision is final.

Regional Review of Intake (within 5 working days of receipt)

| | |
|---------------------------------------|--|
| <input type="checkbox"/> | The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> . |
| <input type="checkbox"/> | The intake decision is being returned to you because the 5 day time limit for review has been exceeded. |
| <input type="checkbox"/> | The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging. |
| Regional Ombudsman: _____ Date: _____ | |

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

AUG 13 2020

Informal Complaint 866_F3_4-17

GRIEVANCE DEPT.

RECEIVED RNCC

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

THOMAS ROSE
Offender Name

143475
Offender Number

C2-223B
Housing Assignment

August 7, 2020 1:40 PM
Date/Time of Incident

Individuals Involved in Incident

- Unit Manager/Supervisor
- Personal Property
- Medical Administrator
- Food Service
- Commissary
- Other (Please Specify): Institution Ombudsman
- Institutional Program Manager
- Mailroom

Briefly explain the nature of your complaint (be specific):

On 8-7-20 I was attacked by offender L. Dodson #1394201 who is a white inmate. In defense of myself I took Dodson to the floor and attempted to restrain him. I never struck or attempted to strike Dodson. However, Dodson struck me continuously causing my eye to swell and my nose to bleed. When the officer entered the pod they immediately approached us and placed me only because I am black. The officer who placed me did so maliciously & sadistically in violation of my 8th Amend. rights, while also either committing battery or Grossly Negligent use of excessive force.

Offender Signature Thomas Rose

Date August 11, 2020

Offenders - Do Not Write Below This Line

Date Received: 8/13/2020

Tracking # 20 - INF - 01317

Response Due: 8/28/2020

Assigned to: UMC

Action Taken/Response:

Ret - RNCC-20 - INF - 01319

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SEP 04 2020
OMBUDSMAN SERVICE UNIT
WESTERN REGION

Respondent Signature

Printed Name and Title

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____

Staff Witness Signature: _____ Date: _____



VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866_FI_4-17

AUG 28 2020

REGULAR GRIEVANCE

GRIEVANCE DEPARTMENT

Log Number: RNCC-20 -REG-00196
1316

| | | | |
|----------------------------------|------------------------|----------|-----------------|
| ROSE THOMAS | 1434775 | C-2 | 223-B |
| Last Name, First | Number | Building | Cell/Bed Number |
| UNKNOWN | 8-7-2020 | 1:40 PM | |
| Individuals Involved in Incident | Date/ Time of Incident | | |

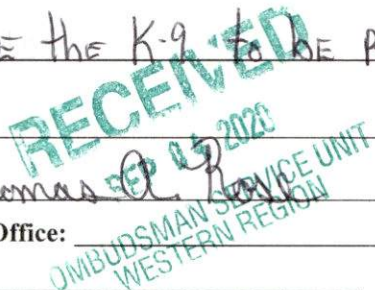
WHAT IS YOUR COMPLAINT? (Provide information from the informal process: Attach Informal Complaint response or other documentation of informal process.)

ON 8-7-2020 I WAS ATTACKED BY LARRY DODSON #1394201 WHO IS A WHITE INMATE. IN DEFENSE OF MYSELF I TOOK DODSON TO THE FLOOR AND ATTEMPTED TO RETRAIN HIM. I NEVER STRUCK OR ATTEMPTED TO STRIKE DODSON. HOWEVER, DODSON STRUCK ME CONSTANTLY CAUSING MY EYE TO SWELL AND MY NOSE TO BLEED. WHEN K-9 OFFICER ENTERED THE POD HE APPROACHED ME AND ORDER THE DOG TO BITE ME BECAUSE I AM BLACK. EVEN AFTER DODSON AND I WERE SEPERATED THE K-9 OFFICER CONTINUED TO ORDER THE DOG TO BITE ME. THIS MALICIOUS AND SADISTIC CONDUCT VIOLATES MY 8TH AMENDMENT RIGHTS AND CONSTITUTES TORTIOUS CONDUCT.

What action do you want taken?

- 1) I would like to be compensated for my mental and physical injuries.
- 2) I would like to be compensated for the malicious and sadistic intent of the officer involved.
- 3) I would like the officer involved sanctioned for his unlawful conduct.
- 4) I would like the K-9 to be removed from all VADOC prisons.

Grievant's Signature: Thomas A. Rose Date: August 25, 2020
 Warden/Superintendent's Office: _____
 Date Received: _____





VIRGINIA
DEPARTMENT OF CORRECTIONS

Regular Grievance 866 FI 4-17

INSTRUCTIONS FOR FILING: You are required per Operating Procedure 866.1 *Offender Grievance Procedure* to attempt to resolve your complaint in good faith prior to filing a regular grievance. You must submit your grievance within 30 days from the date of occurrence or discovery of incident. Only one issue per grievance will be addressed. Write your issue only in the space provided on the grievance form, preferably in ink. Regular grievances are submitted through the institutional mail to the facility Grievance Office and a receipt issued within 2 working days from received date if the grievance is not returned during intake.

INTAKE: Grievances should be accepted for logging unless returned for the following reason(s):

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|--|---|
| <input type="checkbox"/> | Non-Grievable. This issue has been defined as non-grievable in accordance with Operating Procedure 866.1. <input type="checkbox"/> Disciplinary Procedure. You may appeal hearing decisions, penalties, and/or procedural errors under the provisions in Operating Procedure 861.1, <i>Offender Discipline</i> . <input type="checkbox"/> Matters beyond the control of the Department of Corrections |
| <input type="checkbox"/> | Does not affect you personally (This issue did not cause you personal loss or harm) |
| <input type="checkbox"/> | Limited. You have been limited by the Warden/Superintendent |
| <input type="checkbox"/> | More than one issue – resubmit with only one issue |
| <input type="checkbox"/> | Expired Filing Period. Grievances are to be filed within 30 calendar days from date of occurrence/incident, or discovery of the occurrence/incident except in instances: 1) beyond the offender’s control or, 2) where a more restrictive time frame has been established in Operating Procedures to prevent loss of remedy or the issue from becoming moot. |
| <input type="checkbox"/> | Repetitive. This issue has been grieved previously in Grievance # |
| <input type="checkbox"/> | Inquiry on behalf of other offenders. |
| <input type="checkbox"/> | Group Complaints or Petitions. Grievances are to be submitted by individuals. |
| <input type="checkbox"/> | Vulgar/Insolent or Threatening Language. YOU MAY BE CHARGED IN ACCORDANCE WITH OPERATING PROCEDURE 861.1 <i>OFFENDER DISCIPLINE</i> |
| <input type="checkbox"/> | Photocopy/Carbon Copy. You must submit the original grievance for responses and appeals. |
| <input type="checkbox"/> | Grievances Filed Regarding Another Institution. This grievance is being returned to you for you to submit to: |
| <input type="checkbox"/> | Informal Procedure. You have not used the informal process to <u>resolve</u> your complaint |
| <input type="checkbox"/> | Request for services |
| <input type="checkbox"/> | Insufficient Information (Not to include Medical). You need to provide the following information to the Grievance Office within 5 days before the grievance can be processed: _____ |
| <input type="checkbox"/> | The issue in the grievance is different from the issue in the informal complaint |
| Institutional Ombudsman/Grievance Coordinator: _____ Date: _____ | |

If you disagree with this decision, you have 5 calendar days from date of receipt to submit to the Regional Ombudsman for a review of the intake decision. The Regional Ombudsman’s decision is final.

| | |
|--|--|
| Regional Review of Intake (within 5 working days of receipt) | |
| <input type="checkbox"/> | The intake decision is being upheld in accordance with Operating Procedure 866.1 <i>Offender Grievance Procedure</i> . |
| <input type="checkbox"/> | The intake decision is being returned to you because the 5 day time limit for review has been exceeded. |
| <input type="checkbox"/> | The grievance meets the criteria for intake and is being returned to the Warden/Superintendent for logging. |
| Regional Ombudsman: _____ Date: _____ | |

WITHDRAWAL OF GRIEVANCE: I wish to voluntarily withdraw this grievance. I understand that by withdrawing this grievance, there will be no further action on this issue nor will I be able to file any other grievance in the future on this issue.

Offender Signature: _____ Date: _____

Staff Witness: _____ Date: _____

RECEIVED RNCC

RECEIVED RNCC

VIRGINIA DEPARTMENT OF CORRECTIONS
Informal Complaint

AUG 13 2020

Effective Date: July 1, 2013
Operating Procedure 866.1 Attachment 2

AUG 28 2020

GRIEVANCE DEPT.

Informal Complaint

GRIEVANCE DEPARTMENT

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

| | | |
|--|--|---|
| <u>Thomas Rose</u> | <u>1434775</u> | <u>C2-223B</u> |
| Offender Name | Offender Number | Housing Assignment |
| <input type="checkbox"/> Unit Manager/Supervisor | <input type="checkbox"/> Food Service | <input type="checkbox"/> Treatment Program Supervisor |
| <input type="checkbox"/> Personal Property | <input type="checkbox"/> Commissary | <input type="checkbox"/> Mailroom |
| <input type="checkbox"/> Medical Administrator | <input checked="" type="checkbox"/> Other (Please Specify): <u>Institution Ombudsman</u> | |

Briefly explain the nature of your complaint (be specific):

On August 7, 2020 I was attacked by offender L. Dodson #1394201 who is a white inmate. In defense of myself I took Dodson to the floor and attempted to restrain him. I never struck or attempted to strike Dodson. However, Dodson struck me continuously causing my eye to swell and my nose to bleed. When the K-9 officer entered the pod he approached me and ordered the Dog to bite me because I am Black. Even after Dodson & I were separated the K-9 officer continued to order the Dog to bite me. This malicious & sadistic conduct violates my 8th Amend. rights and constitutes tortious conduct.

Offender Signature Thomas Rose Date August 11, 2020

Offenders - Do Not Write Below This Line

Date Received: 8/13/2020 Tracking #RNCC- 80 -INF- 01316
 Response Due: 8/29/2020 Assigned to: UMC
 Action Taken/Response:

RET RNCC-20-INF-01315

RECEIVED
SEP 14 2020
OMBUDESMAN SERVICE UNIT
WESTERN REGION

Respondent Signature [Signature] Printed Name and Title [Signature] Date 8/17/2020

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: _____ Date: _____
 Staff Witness Signature: _____ Date: _____

OCTOBER 6, 2020

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF VIRGINIA, Roanoke Division
Office of the Clerk
210 Franklin Rd., SW, Suite 540
Roanoke VA. 24011

RE: Thomas A. Rose v. Officer Adams, ET AL.
Civil Rights Action under 42 U.S.C. § 1983

Dear Clerk;

Please find enclosed a Civil Rights Complaint under 42 U.S.C. § 1983,
In Forma Pauperis Affidavit, and a 42 USC 1983 form to be
filed in the above styled matter.

Please let me know that this mail was received by your
office at your earliest convenience.

Your assistance with this matter is greatly appreciated.

Sincerely
Thomas A. Rose

Thomas A. Rose, pro se
River North Correctional Center
329 Dell Brook Lane
Independence VA. 24348