

Written Complaint

Instructions for filing:

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- You must explain your issue in the space provided below, preferably in ink.
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Shedrick Hutson 1016101 A 519
 Offender Name Offender Number Housing Assignment
 R.O.S.P. Mental Health Staff 7-9-24 8:00 am approx.
 Individuals Involved in Incident Date/ Time of Incident

TO: Warden's Office
 (You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

On 7-9-24 I was told that there should be a QMHP assigned to A-Building. I have been in A-519 for two months and I have never seen them. Before I was moved from Deb pad my psych medication was increased because I was having severe problems. I wrote a complaint detailing this. It was reckless to place me in a cell with another person before those issues were resolved and more so to also have no QMHP available afterward.

Offender Signature: Shedrick Hutson Date: 7-9-24
 Offenders - Do Not Write Below This Line

Date Received: 7/17/24 Response Due: 8/1/24 Log Number: ROSP-24-WRI-04079
 Assigned to: MH

Action Taken/Response:

MH Chris can Brooking attempted to pull you on 7/29 and 7/30 and you refused to speak with her. EC

Edward Cude M.Ed., LPC 8-6-24
 Respondent Signature Printed Name and Title Date

Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

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



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Shedrick Hutson 1016101 D-622
 Offender Name Offender Number Housing Assignment
 Real Orion State Prison Mental Health Department 4-11-24
 Individuals Involved in Incident Date/ Time of Incident

TO: Warden
 (You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

On 4-11-24 I submitted a request form to the mental health department here at Real Orion State Prison saying that I am constantly anxious, on edge, expecting to be attacked by everyone, that every sound outside my cell door makes it worse, that I cant stop these thoughts and feelings from taking over my mind and that I am taking a 6 of my mental health meds as prescribed. I have not recieve any response. I am asking for help and the mental health staff here are ignoring my pleas.

Offender Signature: Shedrick Hutson Date: 4-17-24
 Offenders - Do Not Write Below This Line

Date Received: 4/24/24 Response Due: 5/9/24 Log Number: ROSP-24-WR1-02337
 Assigned to: MH

Action Taken/Response:
You are scheduled to see the Dr. and MH Clinician To Ramey will follow up with you.
EC
You were also seen by Dr. McDuffie on 04-04-24
EC

Edward Curch M.Ed., Senior MH Clinician II 04-30-2024
 Respondent Signature Printed Name and Title Date

Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

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



Offender Grievance Response - Level II

DOC Location:

Report generated by Tyler, R

Report run on 10/16/2024 at 04:03 PM

Offender Name: Hutson, Shedrick A
Current Location: Red Onion State Prison
Filed: Red Onion State Prison
Finding: Unfounded
Grievance Number: ROSP-24-REG-00646

DOC #1016101
sing: A-5-519-B

Finding Reason:
Written Grievance Number: ROSP-24-WRI-04655

LEVEL II: (To be completed and mailed within 20 calendar days)

LEVEL II Response: Health Services Director

Your grievance appeal and the Level I grievance response has been reviewed. In your grievance, you allege that on 8-7-24, you received a written complaint response that said MH Clinician Brookshire attempted to pull you on 7-29-24 and 7-30-24 and you refused to speak with her. It was initialed EC and log number is ROSP-24-WRI-04079. You report that ROSP is blanketed with security cameras, so the above statement is easily proven false. You report that no mental health staff has contacted you since being moved to A519 three months ago.

Based on the information provided and upon further investigation, the Level I response of RESOLVABLE will be OVERTURNED and designated as UNFOUNDED. Upon investigation into your claims, Ms. Brookshire called for you to be seen twice and you declined. Then you were also seen by Mr. Monahan. In response to your complaint, Mr. Creech as if you would like to be scheduled to be seen again. Please work with your Mental Health and Wellness staff on your mental health issues and put in a request if you need to be seen.

Please note that the institutional provider is responsible for your medical care and will ultimately determine the course of your medical treatment.

730.2 OP governs this issue, Mental Health and Wellness Services: Screening, Assessment and Classification

If you have any further issues, please resubmit a sick call request for further evaluation of your medical needs and treatment plan. You are encouraged to follow the recommendations of the health care staff as well. There is no violation of policy/procedure regarding this issue. No further action is needed from this level. In accordance with OP 866.1 governing the Offender Grievance Procedure, Level II is the last level of appeal for this complaint. All administrative remedies have been exhausted regarding this issue.

Level II Respondent 	Date 10/22/24



Offender Grievance Response - Level I

Offender Name: Hutson, Shedrick A
Current Location: Red Onion State Prison
Filed: Red Onion State Prison
Finding: Resolvable
Grievance Number: ROSP-24-REG-00646

DOC #1016101
Housing: A-5-519-B
Finding Reason:
Written Grievance Number: ROSP-24-WRI-04655

OCT 19 2024
HEALTH SERVICES

LEVEL I: Level 1 Response (To be completed and mailed within 30 calendar days)

Grievance Summary: In your grievance, you stated that on 8-7-24, you received a written complaint response that said MH Clinician Brookshire attempted to pull you on 7-29-24 and 7-30-24 and you refused to speak with her. It was initialed EC and log number is ROSP-24-WRI-04079. ROSP is blanketed with security cameras so the above statement is easily proven false. No mental health staff has contacted you since being moved to A519 three months ago. The response had nothing to do with the original complaint and you had already sent a regular grievance for that issue.

Informal Summary: Your Written Complaint was answered by E. Creech, M.Ed, LCP, "Do you wish for her to attempt to pull you again? If so, please let us know."

Investigation: E. Creech, M.Ed. LPC stated, "MH Clinician J. Monahan spoke with you on 9/4/24. If you need anything else please let us know."

Procedure/Practice: 730.2 MHWS: Screening, Assessment, and Classification

In accordance with the above information,
this grievance is considered **RESOLVABLE**, as appropriate administrative action was taken. No further action appears to be necessary at this time.

If you are dissatisfied with the Level I response, you may appeal within 5 calendar days to:
Health Services Director, PO Box 26963, Richmond, VA 23261-6963

<i>David Anderson - Warden</i>	9-24-24
Level I Respondent Signature	Date

I wish to appeal the Level I response because: *The above response does nothing to remedy the fact that I am still under the care of mental health staff that chose to lie rather than provide me any mental health services. I am still in danger. I am terrified at the thought of what these people will do or neglect next if left to continue as they have. I am still in danger.*

<i>Shedrick Hutson</i>	<i>9-26-24</i>
Offender Signature	Date

Received from
OCT 29 2024
Regional Office



Regular Grievance

ROSP-24-Reg-00646
Log Number:

Instructions for Filing:

- You must first attempt to resolve your issue through the informal complaint process prior to filing a Regular Grievance.
- You must attach the *Written Complaint* or other documentation used to satisfy the informal complaint process.
- Your grievance must be received within 30 days from the original incident or discovery of the incident, unless a more restrictive time limit applies.
- You must fill your *Regular Grievance* out completely and correctly
- You must explain your issue and how you were personally affected in the space provided, preferably in ink.
- You must avoid the reasons for rejection at intake; if your grievance is rejected you have 5 days to appeal the rejection.
- When multiple issues are submitted on the same grievance, you will only receive a response to the exact same issue addressed through the informal complaint process. All other issues will be forwarded to appropriate staff for investigation and resolution.

Hutson Shedrick
 Offender Name (Last Name, First) Offender Number: 1016101 Housing Assignment: A-519
 Bed Onion Mental Health Staff Date/ Time of Incident: 8-7-24 / 8 pm

Results of the Informal Complaint Process (Select one of the below)

- Written Complaint on this issue attached
- Other documentation used to satisfy the informal complaint process is attached
- Informal complaint process is not required for this issue

Explain Your Issue: (Provide a detailed explanation of the issue, your attempts to resolve the issue and how you were personally affected.)

On 8-7-24 I received a written complaint response. It said that MH Brookshire attempted to "pull" me on 7/29 and 7/30 (2024) and I refused to speak with her. It was dated 8-6-24. It was initialed E.C. The log number is: ROSP-24-WRI-04079.
 Red Onion is blanketed by security cameras so the above statement is easily proven false.
 The response to this complaint says: "Do you wish for her to attempt to pull you again? If so please let us know", totally disregarding the complaint itself and repeating the lie that I complained about.
 Rather than provide me basic mental health services MH Brookshire and "E.C." chose to write a false statement, then refuse to answer when I complain about it.

Received from
OCT 29 2024
Regional Office

Suggested Remedy: (Identify in the space provided below, the action you want taken)

I want the security footage from 7/29 and 7/30 reviewed. I want the staff that lied on Virginia Department of Corrections' documents instead of providing me mental health care to be disciplined for their actions. I fear what these people will do next if they are not stopped.

Shedrick Hutson
Offender Signature

8-27-24
Date



Intake Decision: (Grievances must be accepted and logged into VACORIS unless returned for the following reason(s))

<input type="checkbox"/>	Non-Grievable: <input type="checkbox"/> Disciplinary hearing decisions, penalties and/or procedural errors <input type="checkbox"/> Regular Grievance Intake Decisions <input type="checkbox"/> Limitation Decisions <input type="checkbox"/> State and Federal laws, regulations, and court decisions <input type="checkbox"/> Policies, procedures, and decisions of other agencies <input type="checkbox"/> Issues yet to occur <input type="checkbox"/> Beyond the control of the Department of Corrections
<input type="checkbox"/>	Personally Affected: You must identify how the issue caused personal harm or loss to you, personally.
<input type="checkbox"/>	Limited: You have been limited by the Facility Unit Head, and this grievance is in excess of your limit.
<input type="checkbox"/>	Expired Filing Period: You must submit your grievance within 30 of the original incident or discovery of the incident unless the reason for delay was beyond your control, you have not been provided formal orientation, or a more restrictive time limit has been established to prevent loss of remedy or the issue becoming moot.
<input type="checkbox"/>	Repetitive: You submitted this issue previously on <i>Regular Grievance #</i>
<input type="checkbox"/>	Group Complaints or Petitions: You must submit a grievance on your own behalf; you cannot file a grievance with a group
<input type="checkbox"/>	Photocopy/Carbon Copy: You did not submit the original grievance documents.
<input type="checkbox"/>	Informal Complaint Process: Your issue submitted on this grievance is not the same issue addressed in your <i>Written Complaint</i> or supporting documentation, or you failed to use the informal complaint process. You must first submit a <i>Written Complaint</i> on this issue.
<input type="checkbox"/>	Insufficient Information: (Not to include Medical, Sexual Abuse, and Sexual Assault). You must provide the following information within 5 days before the grievance can be processed: _____
<input type="checkbox"/>	Request for Services:

Institutional Ombudsman Signature

Date

Appeal of Intake Decision

(If you disagree with the intake decision, you have 5 days from date of receipt to send an appeal of the intake decision to the Regional Ombudsman by submitting this grievance for further review.)

Regional Review of Intake Decision: The Regional Ombudsman's decision is final

<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 overturned and the grievance is being returned to the Facility Unit Head for response.
<input type="checkbox"/>	The intake decision is being returned to you because the 5-day time limit for review has been exceeded.

Regional Ombudsman Signature

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 receive a response to this grievance. I understand that I may resubmit this same issue once and only once on a new *Regular Grievance* as long as the original 30-day time limit has not expired.

Offender Signature: _____

Date: _____

Staff Witness: _____

Date: _____





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Offender Name: Shedrick Hudson Offender Number: 1016101 Housing Assignment: A 519
 Individuals Involved in Incident: Red Cross Mental Health Staff Date/Time of Incident: 8-7-24 8pm

TO: Warden
 (You must address your issue to institutional staff or an institutional department)

In the space provided explain your issue (be specific):

On 8-7-24 I received a written complaint response. It said that MH Clinician Brookshire attempted to "pull" me on 7-29 and 7-30 (24) and I refused to speak with her. It was dated 8-6-24. The response date is 8-6-24. If that was initiated E.C. Log Number: ROSP-24-WRI-04079. Red Cross is blanketed with security cameras so the above statement is easily proven false. No mental health staff has contacted me since being moved to A519 3 months ago. The response has nothing to do with the original complaint, it came five days after the response due date. I had already sent the regular grievance on that issue and this obvious lie puts my health in jeopardy.

Offender Signature: Shedrick Hudson Date: 8-9-24
 Offenders - Do Not Write Below This Line

Date Received: 8/12/24 Response Due: 8/27/24 Log Number: ROSP-24-WRI-04655

Assigned to: MH

Action Taken/Response:

Do you wish for her to attempt to pull you again? If so please let us know. EC

Respondent Signature: Edward Curch M.Ed., LPC Printed Name and Title: Edward Curch M.Ed., LPC Date: 08-12-24

Withdrawal of Complaint:

I wish to voluntarily withdraw this complaint. I understand that by withdrawing this written complaint, there will be no further action on this issue nor will I receive a response to this complaint. I understand that I may resubmit this same issue once and only once on a new *Written Complaint* as long as the original 15-day time limit has not expired.

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