

Exhibit One

"Informal Resolution"

11-05-077-IR

Filed: May 23rd 2011

Answered: June 3rd 2011

L-7462

INFORMAL RESOLUTION

11-05-077-IR pg 1

Date: 5/22/2011

Name (Print): Camp Joseph A
Last Name First Name Middle Initial

Number: 18474055 HOUSING ASSIGNMENT: 2 Pod 209

Description of issue, problem, and solution you suggest: (I did not receive a copy back of the Continuance Page 6/3/11)

I was housed in a cell with a violent sex offender with hepatitis C. Despite my previous request to move to a different cell, I was denied. Today, I was attacked by him (The Cellmate), because he did not want me to wake him while I cleaned. He has attempted to extort me previously & this time called me "The Cell Bitch". When I made this known I was placed in the hole despite NOT engaging back in the assault. I have numerous injuries to my face.

Inmate signature required: [Signature] I want out of "the hole" hand computer sent to for my pain (see attached "request" form for Cont. writ.)

Attach additional pages, if necessary.

Date received from inmate/resident: 5-23-11

Name of staff member completing informal resolution process: L.M. Doman

Date response due to inmate/resident: 6-7-11

Date and time initial meeting held with the inmate/resident: 6-3-11

Additional information received from initial meeting:

Did not put in any request, but ask CC B. below once to move and it did not happen. Glass frames have been replaced medical

Names of staff members involved with the inmate/resident's issue:

None

Distribution:
Original: Facility
Copy: Inmate/Resident

CORRECTIONS CORPORATION OF AMERICA
LEAVENWORTH DETENTION CENTER

Continuation of Informal Resolution

11-05-077-IR pg 2 PRISONER INFORMATION REQUEST
SOLICITUD DE INFORMACION

TO/PARA Continuation of Informal Resolution dated 5/22/2011
SUBJECT/ASUNTO by Joseph Camp, # Ad 209

This predator broke my glasses, and as a result I can not see well. There must be a way to replace my glasses as well. Since I did not start or instigate this altercation, I even tried to move out of the cell before this happen seeing that he was predisposed to extreme violence & sexual behavior of a predatory nature.

PRISONER'S NAME (Printed)
Please replace my glasses also, as it is difficult to see.

PRISONER'S SIGNATURE
JOSEPH CAMP

PRISONER'S NUMBER
18474-055
Ad 209 -
DATE/FECHA

PRISONER'S SIGNATURE
FIRMA DEL PRISONERO

RESPONSE/CONTESTACION:

OFFICIAL'S SIGNATURE/FIRMA DE OFICIALES

DATE/FECHA

IF RESPONSE IS UNSATISFACTORY, CHECK BELOW AND RESUBMIT THIS FORM FOR REVIEW BY THE FACILITY ADMINISTRATOR. SI LA RESPUESTA NO ES SATISFACTORIA PONGA UNA CRUZ ABAJO Y VUELVA A SOMETER ESTA FORMA PART-QUE EL ADMINSTRADOR DE ESTA INSTITUCION LO REVISE.

PLEASE REVIEW/REVISE POR FAVOR

SIGNATURE/FIRMA

RESPONSE/CONTESTACION:

WARDEN'S SIGNATURE/FIRMA DEL WARDEN

DATE/FECHA

FORM #SECI12-P

*This continuation added 6-6-11
it is unknown where the original
was taken from a Prisoner*

11-05-077-IR

Dates and times of contact with staff members concerning the inmate/resident's issue:

None

Additional information received from meetings with staff members:

None

STAFF RESPONSE

Other inmates crimes and medical condition are protected by Hippa and all inmates should be treated with universal precautions. Medical took the broken frames and put the lenses in a different frame. The inmate will put in a side call form to ask family to send in make pair of glasses that fit better. The inmate in question has been made a separate from inmate camp and will no longer be housed with him.

Tentative completion date if remedy suggested: 6-3-11

Completion of Informal Resolution Process

By signing below, the inmate/resident verifies agreement with the remedy suggested above. If the inmate/resident is not satisfied with the remedy suggested above, the inmate/resident is not required to sign below and may choose to file a formal grievance with the Facility Grievance Officer. In either case, the inmate/resident will receive a copy of this form on the day the final resolution process is completed.

Inmate Signature: [Signature]

Date: 6-3-11

Designated Staff Signature [Signature]

Date: 6-3-11

*Witness Signature: _____

Date: _____

*In the event the inmate/resident refuses to sign this form, a witness signature must be obtained to verify that the inmate/resident was offered the opportunity for informal resolution.

Informal Resolution Outcome: RESOLVED UNRESOLVED

Distribution:
Original: Facility
Copy: Inmate/Resident

Exhibit Two

"Formal Grievance"

11-06-002

filed: June. 6th. 2011

~~Answered: June. 16th. 2011~~

~~Appealed: June 17th 2011~~

Answered: June: 22th 2011

final decision: June: 22. 2011

Grievance No.: 11-06-002

Appeal F-209

RECEIVED
14-5B
JUN 06 2011
By 6-21-11 Buro

FULL NAME:	Joseph A. Camp		
NUMBER:	18474-055	HOUSING ASSIGNMENT:	Z-205

INFORMAL RESOLUTION ATTACHED (Not required for an emergency grievance)? YES NO

GRIEVANCE CATEGORY (CIRCLE ONE): # 11-05-077-IR (resolved 6/3/11)

1. Facility Staff	8. Dental Services	15. Housing
2. Access to Legal Materials	9. Mental Health Services	16. Laundry
3. Denied Access to Informal Resolution/Grievance Process	10. Trust Account	17. Recreation
4. Reprisal for Using Informal Resolution/Grievance Process	11. Commissary	18. Visitation
<u>5. Safety/Security</u>	12. Food Service	19. Programs-education, work, religious, etc.
6. Sanitation	13. Mail	20. Violations of federal or state regulations, laws, court decisions (i.e. ADA or Constitutional rights)
7. Medical Services	14. Intake	21. Other

I was housed in a cell (W-Pod, 211), with a violent, sex offender, and armed career criminal, who had hepatitis C. Despite my verbal request to Counselor Bigelow to be moved to a different cell, Mr. Bigelow never "got back to me". On 5/22/11, I was attacked brutally by that cell mate, apparently because he did not want me to wake him up or disturb him while I cleaned the cell. He called me "The Cell Bitch", and has previously tried to extort me.

When I made my injuries and circumstances known I was placed in Solitary Confinement, even though I did not engage back - and even though I could have been moved to another cell block.

I sustained injuries to my face, have nightmares now, and am fearful of retaliatory treatment even my glasses were broke. No additional investigation was done, and I was the only person to go to Solitary Confinement.

I want to be compensated for my continued pain and suffering, mental anguish, and retaliatory treatment (The timing of placing me in Solitary Confinement despite other options available, is coincidental as I had just published and released an essay entitled "An Open Letter to the American People" that was highly critical of prisoner treatment, just days before, and was brought to court to discuss it days after this assault).

The stigma of a "separatee" is prohibitive in nature and now I cannot work a facility detail. Please remove this restrictive title, as I attempted to prevent this, and did not engage back in the attack on my life.

A copy of all investigation material should be provided to me also.

Inmate/Resident's Signature: [Signature]

Date Submitted: 6/6/2011

Grievance No. 03-000

JUN 17 2011

145B

RESPONDING STAFF MEMBER'S REPORT

You will not receive copies of investigation: You will be compensated, you suffered no pain or mental anguish. Inmate has received same treatment as other inmates with his issues.

RESPONDING STAFF MEMBER'S DECISION

Inmate will not be receiving any copies of investigation. No compensation for pain or mental anguish. He received same treatment as other inmates w/ same type of issues.

Responding Staff Member's Printed Name: DORMAN Title: Unit Manager
Responding Staff Member's Signature: [Signature] Date: 6-16-11
Inmate/Resident's Signature (upon receipt): [Signature] Date: 6-16-11

INMATE/RESIDENT APPEAL

Investigative material is not prohibited by F.O.I.A./P.A. and should be allowed pursuant to this grievance. Compassion for my pain and suffering should also result. As injuries to my face were painful, and ribs plus sleeping in the solitary confinement was causing anxiety, and made my criminal matter be affected, as I am freighted to report any future problems since I'll be the only one to get into the, I was a "low" custody inmate at CCAP/this and should not have been "under" here at Leavenworth. No investigation was taken into my pain & suffering, and mental anguish. Mr. LaGault was - by CCA policy supposed to be a "high" classification. Mr. Bigelow knew I wanted to move because problems of compatibility, and Mr. LaGault's predisposition to not take care of me.

possible 6/16/11 appeal to be made

WARDEN/ADMINISTRATOR'S DECISION

Denied - Proper procedures followed.

Warden/Administrator's Signature: [Signature] Date: 6/20/11
Inmate/Resident's Signature (upon receipt): [Signature] Date: