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ATTACHMENT
SOP IIB05-0001

CONFIDENTIAL
Offender GRIEVANCE FORM

IN THE STATE OF CALIFORNIA

OFFENDER NAME: Ashley Diamond OFFENDER NUMBER: 1DD029056

INSTITUTION: Baldwin GRIEVANCE: 18

DATE COMPLETED FORM RECEIVED FROM OFFENDER: 12/26/14 BY: Mary Dany Wto

DATE APPEAL RECEIVED: _____ BY: _____

MUST INCLUDE SPECIFIC INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE
 WITNESSES AND DATES, NAMES OF PERSONS INVOLVED

IDENTIFY THE INCIDENT AND DATE & DESCRIPTION OF INCIDENT

in a unit that the bathroom with Lucia

a human time

RESOLUTION: _____

DATE: _____

Is this grievance being filed within the 180 day time limit? Please answer

Yes or No. If the answer is No, please explain why.

Yes

OFFENDER SIGNATURE: _____

DATE: _____

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Printed By: KNOWLES, GAIL
Mar 10, 2015 07:14 AM

Pages 1 of 2

GEORGIA DEPARTMENT OF CORRECTIONS

STATE OF GEORGIA

Nathan Deal
Governor

Incident Report

Homer Bryson
Commissioner

Facility: VALDOSTA ST PRISON

Military Time: 02/28/2015 14:40

Number: 169873

Incident Type: MAJOR

Use Of Force: NO

Use Of Weapon: NO

Nature of Incident: SEXUAL ALLEGATION

Wireless Devices Found: 0

OTHER

Incident Location:

Incident: skid down : NO

Incident Video Taped BY: DAVE MCCracken MENTAL HEALTH UNIT MANAGER

Reporting Official: DAVE MCCracken MENTAL HEALTH UNIT MANAGER

Damage Description:
Warden's Recommendation:
Forward per PREA

Summary of Incident:

On 2/28/2015, Staff Officer [Name] on behalf of Inmate [Name] reported that on 2/9/14 while at Valdosta Prison, Ashley GDC#1140280 was sexually assaulted by an unknown white male who put his hands on his neck and attempted to force his penis in me." He states he was sexually assaulted with a pencil and escaped.

Staff: [Name]
Involvement: [Name]
Reason Weapon Used: [Name]

DIRECTLY INVOLVED
INVOLVED

#1000290565 being
Comments: I have absolutely no record of Inmate Diamond, Ashley GDC #1140280 being sexually assaulted on 2/9/14.

Mar 10 2015 07:14 AM

<input type="checkbox"/> DIRECTLY INVOLVED		<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Comments: On 2/9/14, while at... in classes in Education... and attempted to... and...				

INCIDENT REPORT



COPY

Attachment #1
IIA04-0002
05-15-2005

169573

I. Incident ID# _____
 Type Report: _____
 Facility: STATE PR _____
 Date of Occurrence (M/D/Y): 1-8-15 Time: 11:40 Location: MENTAL HEALTH UNIT

Medical: _____
 Inmates Involved: _____
 Disposition: _____
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____

B. Medical Findings (To be _____ by appropriate staff within 24 hours) _____

Employee ID Number

C. Staff involved: _____
Rate _____ Name _____ Sex _____

D. Witnesses: _____
er/Title _____ Number/Title _____ Name _____ Name _____

Name of Camera Operator: _____

Video Equipment Utilized Yes



Attachment 3 (SCP IIB08-0001) 1/15/2012

State Prison

Incident Report
Offense: Assault
Date: 1000 90565

Checklist:

- 1. Use of Force
- 2. Supplemental Use of Force
- 3. Videotape
- 4. Photos
- 5. Witness statements from all
- 6. Disciplinary Report filed
- 7. Medical Report
- 8. Mental Health
- 9. Chain of Evidence
- 10. ... state the reason why ...

4. Data Videotape reviewed:
 ID: _____
 Captain's Review: _____
 Major: _____
 Section: _____
 Date: _____

5. Signature of Captain: _____
 Deputy Warden's Review: A. D. _____
 2. Data videotape reviewed
 3. Comments: _____



DEPARTMENT OF CORRECTIONS



Commissioner

Warden

M: DAVE CRACKEN

E: 1-23-15

PREA

IN SHED OR DATED RECE

TO:
FROM:
DATE:
RE:

ATTN: [REDACTED]

DATE: 1-23-15

RE: PREA

TO: [REDACTED]

FROM: [REDACTED]

DATE: 1-23-15

RE: PREA

Signature: [REDACTED]

WITNESS STATEMENT

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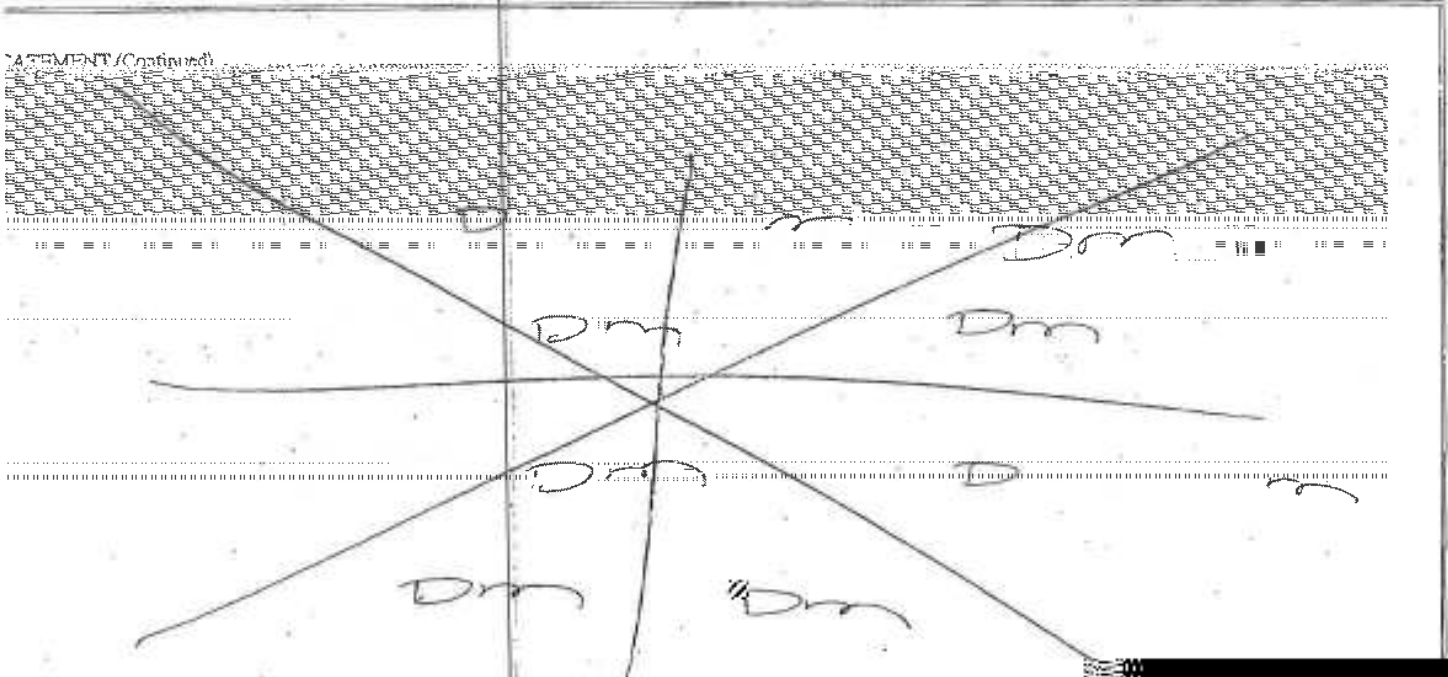
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ATTACHMENT

8/15/01

STATEMENT (Continued)



8/15/01

AFFIDAVIT

READ OR HAVE READ THIS STATEMENT WHICH IS ON PAGE AGE

OF THIS STATEMENT AND HAVE INITIALED THE PAGE PAGE CONTAINING THE STATEMENT I HAVE MADE THIS STATEMENT FREELY AND WITHOUT UNLAWFUL INFLUENCE OR

(Typed Name of Person Administering

INSTITUTION OR ADDRESS

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~~STAFF LEGAL FEEL INVESTIGATIVE REPORT AND RECOMMENDATION FORM~~

LOCATION: VALDOSTA STATE SON DATE: 2/05/15

GRIEVANCE COORDINATOR: ORALTE INMATE GRIEVANCE COORDINATOR TO:

FROM: S. Brockington

GRIEVANCE # 189273
OFFENDER: NAME: Diamond, As

GDC #: 1000290566

INMATE'S BASIC ALLEGATION OR PLAIN:

Inmate alleges on 2/14 he was phys

4/2/15

Internal Affairs

SUMMARY OF INVESTIGATION:
I recommend grievance be forwarded

2/05/15
DATE:

AFF SIGNATUR

No:

Concur with Staff Findings: Yes:

inator:

Grievance Co.

(Reproduced locally)

of this form, it will be placed in a file in the Grievance Coordinator's office

JA BRFLA BRFLA P JA BRFLA BRFLA P JALBRFLA
ATTACHMENT

SOP IIB05-000

CONFIDENTIAL
Offender GRIEVANCE FORM

INSTITUTIONAL STAFF USE ONLY

OFFENDER NAME: Anthony Diamond

OFFENDER

1111290565

INSTITUTION: Alabama State

GRIEVANCE NUMBER

73

DATE COMPLETED/FORM RECEIVED

DATE APPEAL RECEIVED

PROVIDE ADDITIONAL INFORMATION CONCERNING YOUR GRIEVANCE TO INCLUDE
OF PERSONS INVOLVED AND DATES NAMES
CRITICAL INCIDENT DATE & TIME

PR: is this gr...
T W A V A

Printed By: KNOWLES, GAIL
Mar 10, 2015 07:13 AM

Pages 1 of 2



GEORGIA DEPARTMENT OF CORRECTIONS STATE OF GEORGIA



WALDOSTA STATE PRISON Facility:

Time: 04/28/2015 07:00
Inmate: 163
Incident Type:
Use of Force: Use of Weapon: NC
Nature of Incident: LIBERATION
 Wireless Devices Found:
 Incident Location:
 Chemical Incident:
 Facility Mechanical
 Incident Video Taped By:
NOT VIDEO TAPED
Damage Amount: 0
Property Damaged:
Damage Description:
Warden's Recomm./Comments
Forward per PREA Policy?
Summary of Incident:
4/1/14 - 4/2/14 - Inmate Diamond was physically and sexually assaulted while at
ced to sleep in his room until 4/2/14. He maintains he has
needed further than a close security guard
nearby and
referred to medical staff
all other
by GDC#100029056 being
at Waldosta State Prison
referred to medical staff
referred to medical staff

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Attachment 3 (SOP 11958-0001) 1/15/2012

VALDOSTA State Prison
Use of Force/Serious Incident Report Coversheet

Name

- Use of Force
- Supplemental Use of Force
- Videotape
- Photos
- Witness statements from all
- Disciplinary Report filed
- Medical Reports
- Mental Health
- Evidence
- Use of Weapons Report

5. Signature of Captain

3. Date videotape reviewed

4. Signature of Deputy Warden:

Warden's Review

1. Date received:

2. Type and Forward: Yes No
Hold in File: Yes No

3. Comments:

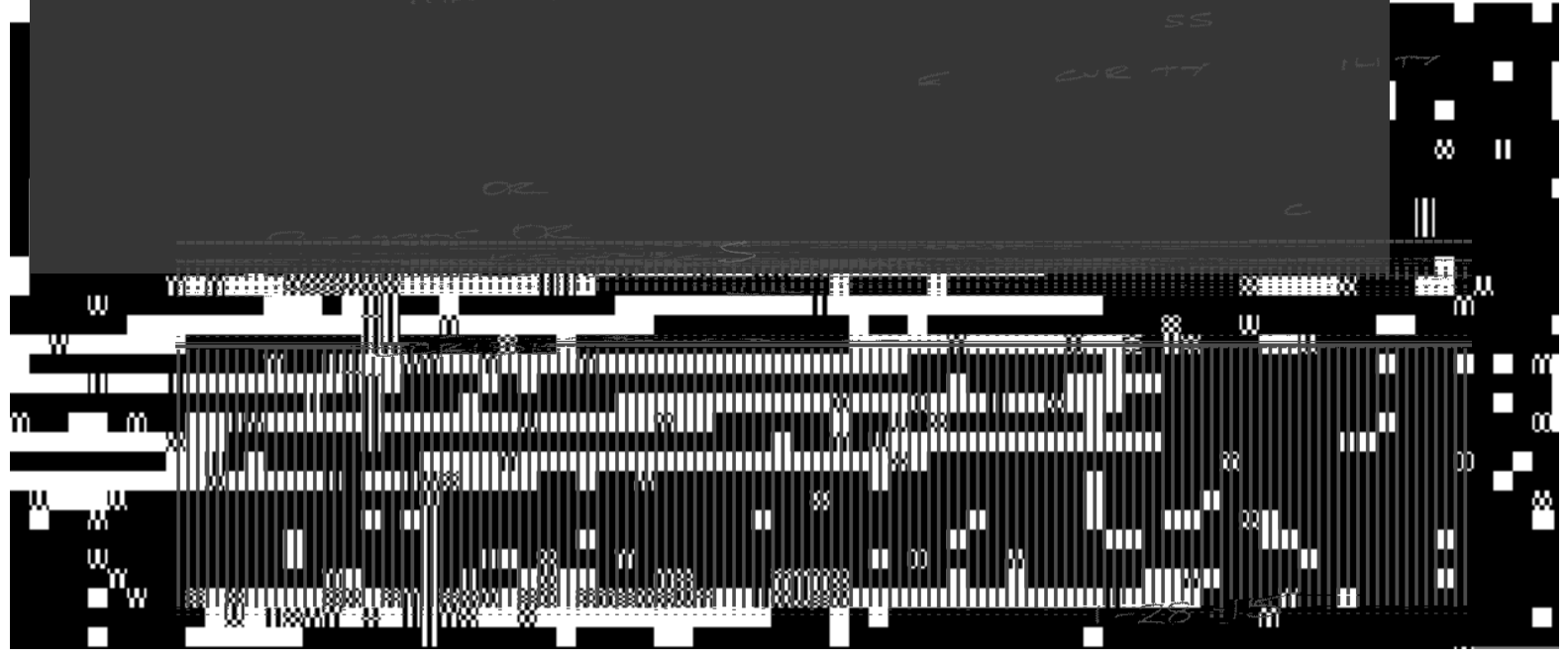
4. Signature of Warden Designee:

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ALL FACSIMILES
SOP IB05-0001
5/15/2005

DATE: _____ FILE NUMBER: _____
STATE OF FLORIDA
Vaidosta State Pris

NAME OF PERSON MAKING STATEMENT: _____ INITIALS: _____
PAGE _____ OF _____ PAGES EXHIBIT _____

1 OF 1

THE
ADDITIONAL PAGES MUST CONTAIN
ADDITIONAL PAGE



DEPARTMENT OF CORRECTIONS

GEORGIA

DEPARTMENT

In State Prison

Baldwin

Department of Care & Treatment

Deputy Warden

Post Office Box 216

Hardwick, Georgia 31034

Georgia

478/445-6154

Brian Owens
Commissioner

Nathan Deal
Governor

ND 11

Grievance

TO: Grievance

Chief Counselor

FROM: Se

13 15

DATE

SUBJECT: Grievance

1100029054 has filed a grievance against

Inmate

GDC

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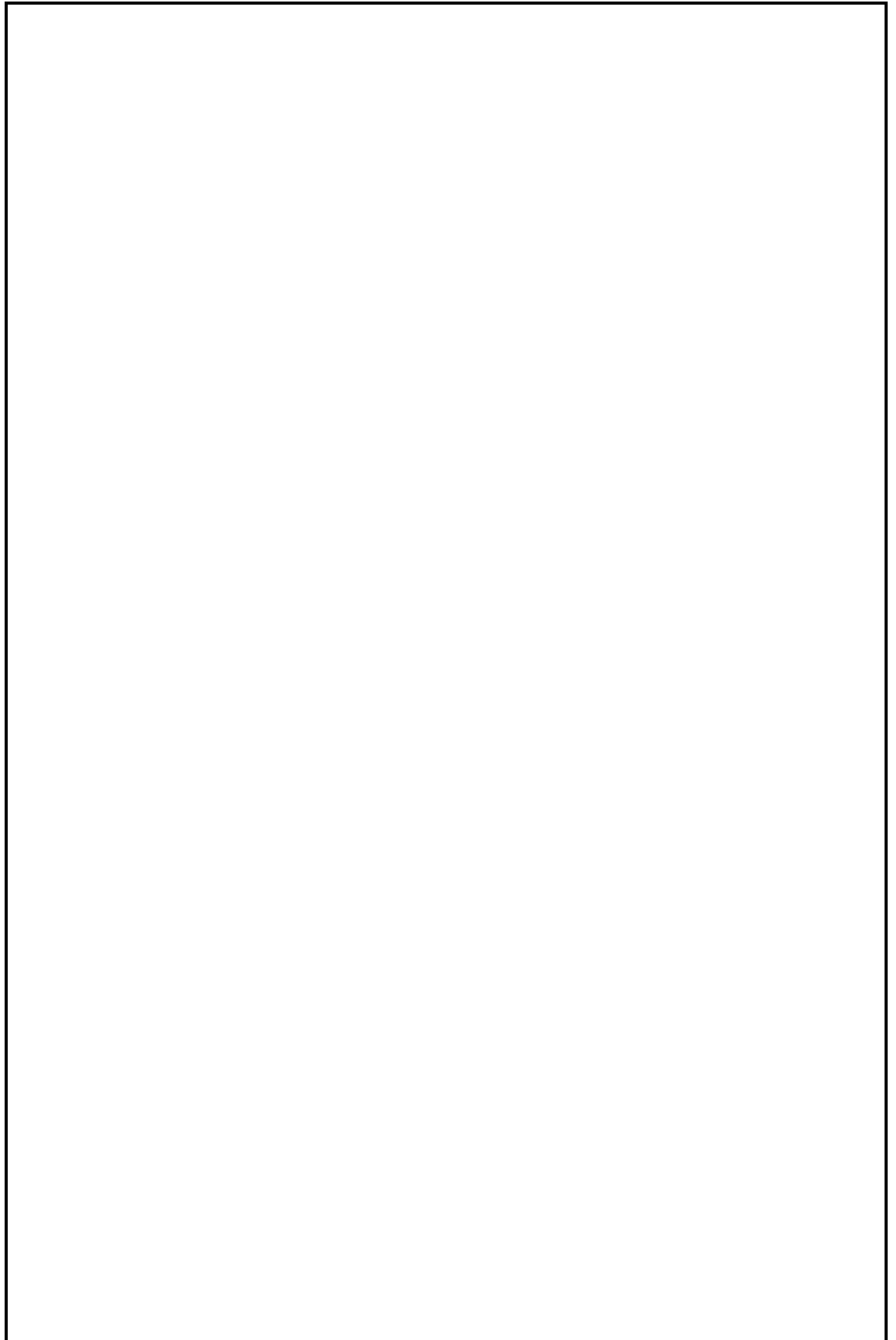
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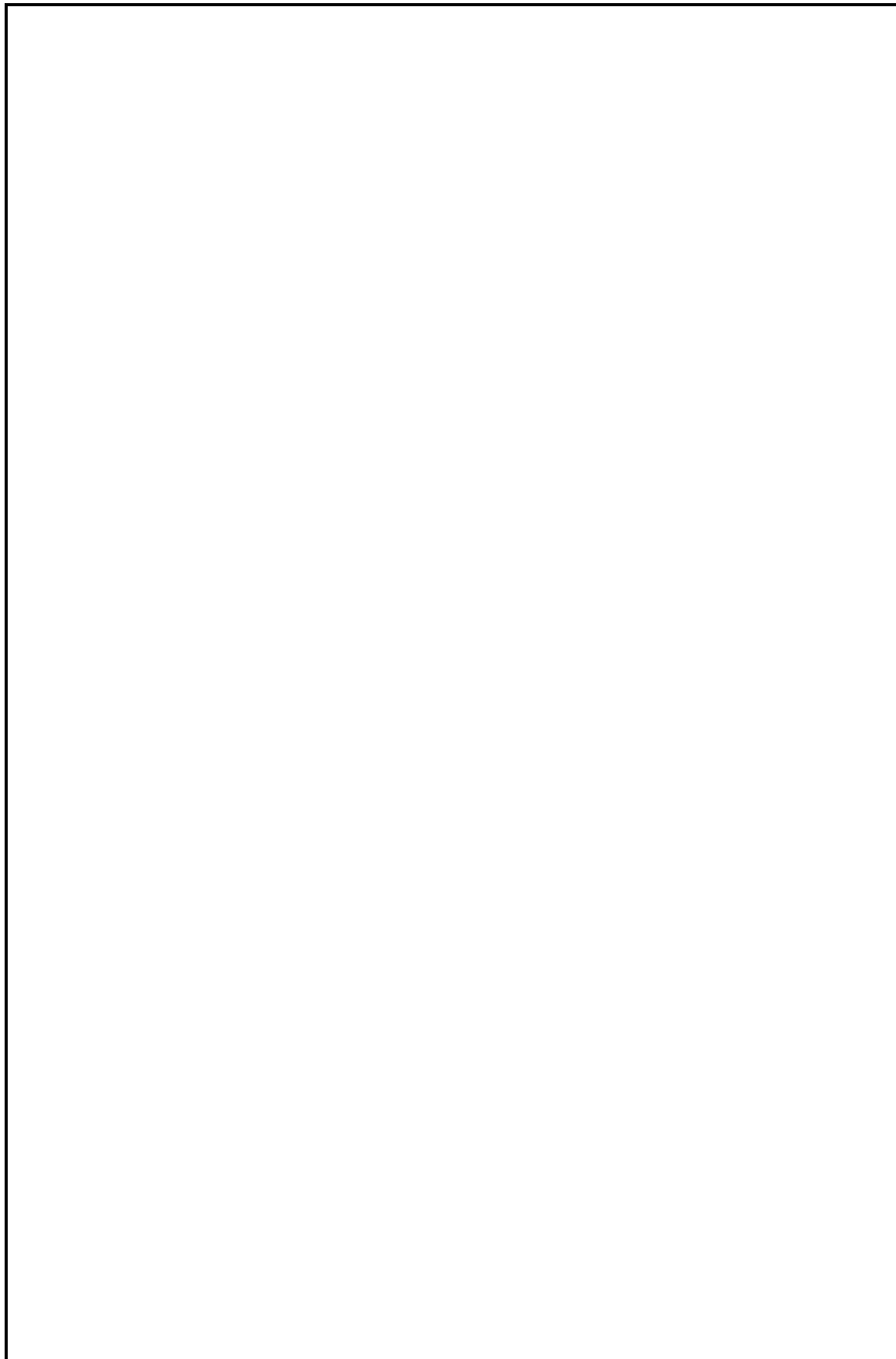

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Attachment 4
SOP TB05-0001

C.S.U.

WARDEN'S/SUP. BRINTON'S GRIEVANCE RESP

184215 Grievance Number: Ashlyn Diamond Grievance Number

10029000 Facility: Date Written: 11/17/14

GRIEVANCE RESPONSE TO G
not entered in file filed out of omitted this from recommended grievance filed grievance

C. S. U.

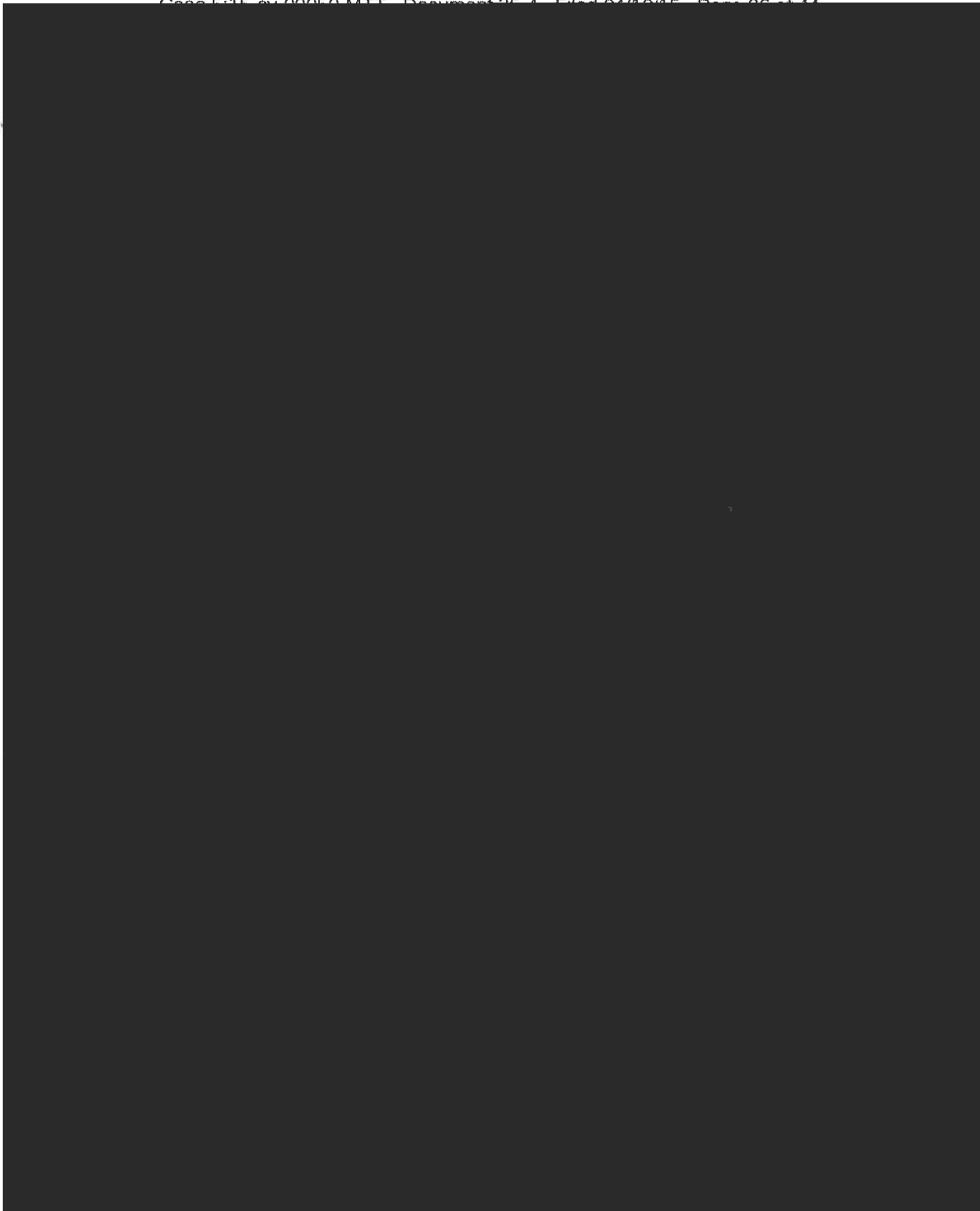
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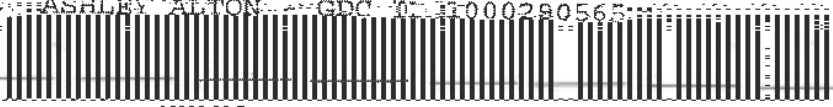
RESPONSE THIS DATE: 20- RECEIPT OF THE ABOVE
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to appeal this Response to your Grievance Coordinator. You have seven (7) calendar days within which
file your appeal, if on the date that the business is a business of the institution or not a grievance number



movement history

ONE ASHLEY ALTON GDC 0011000290565 DIAN *****



Move Reason	Moved From Location	Move Date	Move Type
NON CUSTODY	RETURN FROM COURT	10/23/2014	ARRIVE EXTERNAL
	BALDWIN STATE PRISON J-C-114-T		
09/29/2014	BED MOVE		ADMINISTRATIVE
	BALDWIN STATE PRISON J-C-114-T		
09/25/2014	GOC MOVE		ADJUSTMENT
	BALDWIN STATE PRISON J-D-184		
08/29/2014	BED MOVE		ADMINISTRATIVE
	VALDOSTA STATE PRISON F-1-74		
06/25/2014	BED MOVE		ADMINISTRATIVE
	VALDOSTA STATE PRISON G-2-54		
04/22/2014	BED MOVE		ADJUSTMENT
	VALDOSTA STATE PRISON G-1-71		
04/04/2014	BED MOVE		ADMINISTRATIVE
	VALDOSTA STATE PRISON G-1-72		
04/01/2014	BED MOVE		ADMINISTRATIVE
	VALDOSTA STATE PRISON R-1-29-B		
	VALDOSTA STATE PRISON A-1-19-T	03/24/2014	BED MOVE
	VALDOSTA STATE PRISON E-1-30-T	03/20/2014	BED MOVE
	VALDOSTA STATE PRISON E-1-30-B	03/18/2014	BED MOVE
	VALDOSTA STATE PRISON G-1-79-T	01/22/2014	BED MOVE
	VALDOSTA STATE PRISON F-1-78-T	12/31/2013	GOC MOVE
	VALDOSTA STATE PRISON G-2-1-B	07/26/2013	BED MOVE
	VALDOSTA STATE PRISON G-3-8-B	11/29/2013	BED MOVE
	VALDOSTA STATE PRISON F-1-21-T	11/11/2013	BED MOVE
	VALDOSTA STATE PRISON G-1-74	12/05/2013	BED MOVE
	VALDOSTA STATE PRISON G-1-74	06/24/2013	BED MOVE
	VALDOSTA STATE PRISON G-3-13-T	03/29/2013	BED MOVE
	VALDOSTA STATE PRISON G-3-13-T	08/23/2013	BED
EXTERNAL NON CUSTODY	RETURN FROM COURT	08/23/2013	BED
	BALDWIN STATE PRISON H-C-138-T		
EXTERNAL NON CUSTODY	COURT PRODUCTION ORDER	07/02/2013	EXT
	FLOYD CO COURT		
EXTERNAL NON CUSTODY	RETURN FROM COURT	04/25/2013	ARR
	BALDWIN STATE PRISON J-A-114-T		
EXTERNAL NON CUSTODY	COURT PRODUCTION ORDER	03/05/2013	EXT
	FLOYD CO COURT		
02/04/2013	BED MOVE		ADMINISTRATIVE
	BALDWIN STATE PRISON J-A-114-T		

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Movement History

MOND ... ASHLEY ALTON ... CDC ... 01/09/2013 ... BRD MOVE

ADJUSTMENT ... BALDWIN STATE PRISON K-1-21-B ... 01/24/2013 ... BRD MOVE

ADMINISTRATIVE ... BALDWIN STATE PRISON K-2-9-B ... 01/09/2013 ... BRD MOVE

ADMINISTRATIVE ... BALDWIN STATE PRISON ... 01/03/2013 ... BRD MOVE

BRD MOVE ... ADJUSTMENT ... BALDWIN STATE PRISON ... 12/18/2012

ARRIVE EXTERNAL NON CUSTODY ... RETURN FROM COURT ... BALDWIN STATE PRISON K-B-124-B ... 12/18/2012

EXTERNAL NON CUSTODY ... COURT PRODUCTION ORDER ... FLOYD COUNTY COURT ... 11/27/2012

PPR MOVE ... POPULATION REDISTRIBUTION ... BALDWIN STATE PRISON J-C-150-B ... 05/05/2013

ARRIVE EXTERNAL NON CUSTODY ... RETURN FROM COURT ... BALDWIN STATE PRISON K-1-4-B ... 05/05/2013

EXTERNAL NON CUSTODY ... COURT PRODUCTION ORDER ... FLOYD COUNTY COURT ... 05/29/2012

BALDWIN STATE PRISON K-1-21-B ... 05/24/2012 ... GDC MOVE ... MENTAL HEALTH

MACON STATE PRISON J-1-123-B ... 05/23/2012 ... BRD MOVE ... SEGREGATION

MACON STATE PRISON MHD-A-240-B ... 05/23/2012 ... ARRIVE HOSPITAL TRANSPORT ... RETURN FROM MEDICAL

FLINT RIVER COMMUNITY HOSP ... 05/23/2012 ... HOSPITAL TRANSPORT ... MEDICAL

MACON STATE PRISON D-1-106-B ... 04/12/2012 ... GDC MOVE ... ADMINISTRATIVE

CA DIAG CLASS PRISON DOWM-1-067-B ... 03/27/2012 ... DIAGNOSTIC ... NEW SENTENCE - COURT COMMIT

02/05/2012 ... PROBATION CUSTODY STATUS ... JAIL SWAPPING REVOCATION

02/14/2012 ... PROBATION CUSTODY STATUS ... JAIL SWAPPING REVOCATION

02/14/2012 ... PROBATION CUSTODY STATUS ... JAIL SWAPPING REVOCATION

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02/14/2012 ... PROBATION CUSTODY STATUS ... JAIL SWAPPING REVOCATION

STITUTIONAL STAFF

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GEORGIA DEPARTMENT OF CORRECTIONS

STATE OF GEORGIA

Offender Grievance

Status: Pending Resolution Brian Owens, Commissioner Nathan Deal, Governor Grievance# 184215

Facility Grievance Against: Baldwin State Prison Type: General

Form Received Date: 10/27/2014 Grievance Date: 10/27/2014

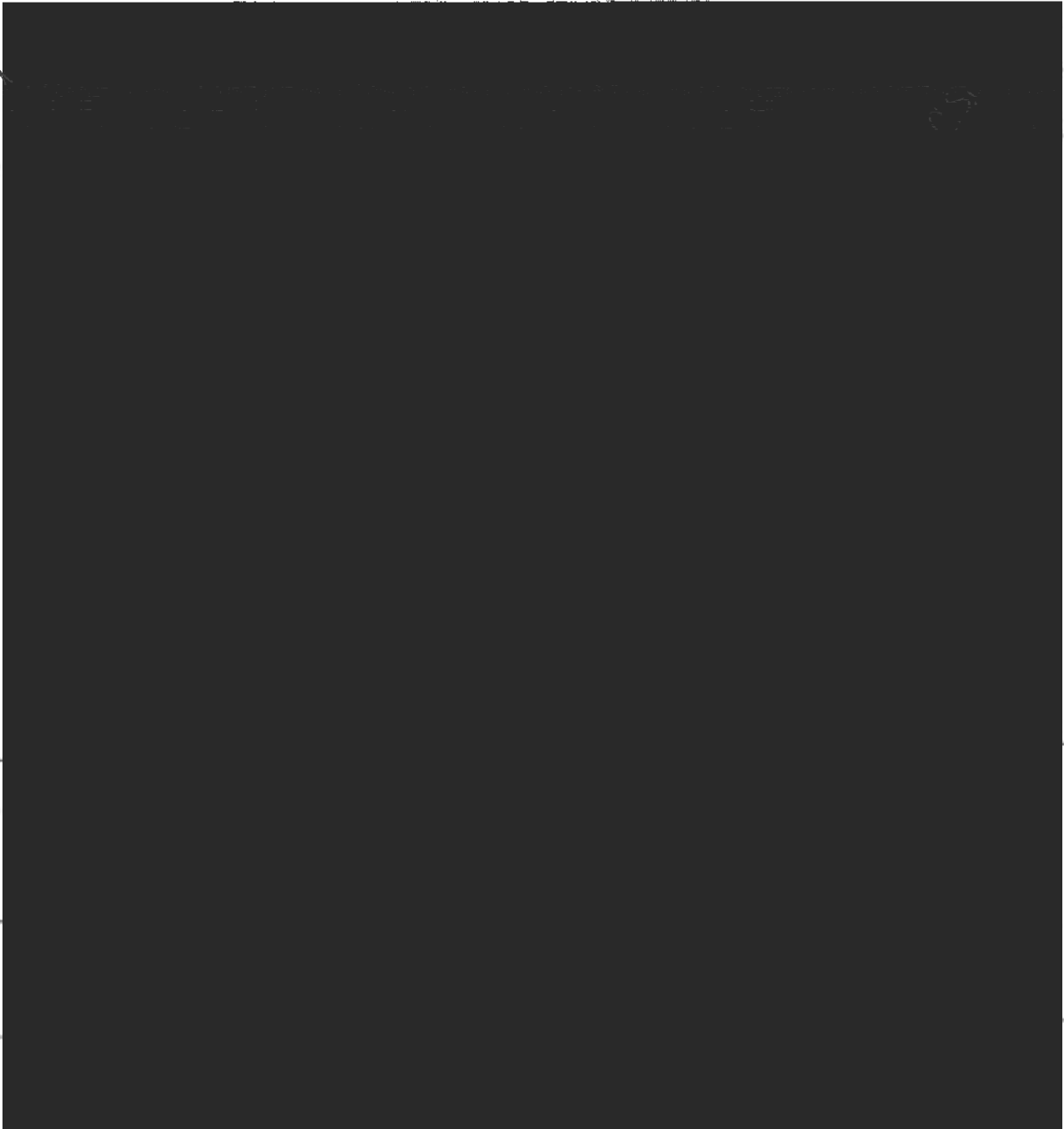
Grievance Category: Conditions Of Confinement Expedited Grievance: No

Complaint/Resolution: 2014 I was in... Info w/my lawyers... these meetings should b... organized by... was exceeded and details of the case...

No Persons Involved
No Incidents Involved

Status: None
Resolution Comments:

12/6



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ATTACHMENT 1
SOP IIB05-0001

CONFIDENTIAL
Offender GRIEVANCE FORM

STAFF USE ONLY

OFFENDER

OFFENDER NUMBER

INSTITUTION

GRIEVANCE

DATE COMPLETED FORM RECEIVED FROM OFFENDER

DATE APPEAL RECEIVED

BY

THIS FORM MUST BE COMPLETED BY THE INSTITUTION STAFF ONLY. IT IS NOT TO BE FILLED OUT BY THE OFFENDER. THE INSTITUTION MUST COMPLETE THIS FORM WITHIN 10 BUSINESS DAYS OF RECEIVING THE GRIEVANCE. THE INSTITUTION MUST PROVIDE A WRITTEN RESPONSE TO THE GRIEVANCE WITHIN 30 BUSINESS DAYS OF RECEIVING THE GRIEVANCE. THE INSTITUTION MUST PROVIDE A WRITTEN RESPONSE TO THE GRIEVANCE WITHIN 30 BUSINESS DAYS OF RECEIVING THE GRIEVANCE. DATES, NAMES OF PERSONS INVOLVED AND WITNESSES.

IDENTIFICATION NUMBER DATE & DESCRIPTION OF INCIDENT

2014 10/16/14 *multiple meetings with members of staff, and Cert officers, involving an inmate who is a confidential informant of my lawyers. These meetings should be confidential and involve private information.* *October 10, 2014*
multiple meetings with members of staff, and Cert officers, involving an inmate who is a confidential informant of my lawyers. These meetings should be confidential and involve private information.

OFFENDER

Is this grievance being filed?

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MENTAL HEALTH PROGRESS NOTE

Name: ASHLEY DIAMOND

ID# 00029053

Date: 1/6/15 Race: caucasian Sex: Male

Provider: Therapist Crisis Other Location: Private Office Cell Other

Chief Complaint: FEARS STAFF

Target Symptom(s) from Treatment Plan addressed in this contact: SYMPTOMS RELATED TO

PTSD AND GENDER DYSPHORIA

Adequate orientation: times room, safety risks, time Attitude: cooperative, attentive

Mood: Fair Mood: LATENT Affects: Appropriate, Item: Location: Denial

Thought Processes and Content:

Description of session (include discussion of abnormal findings):

THE INMATE WAS SEEN IN MY OFFICE. SHE CONTINUES TO FEEL AT RISK WITH IT

SSOSE SECURITY INMATES IN BLDG JRM. WE
THINK SHE IS BEING HARASSED IN THE LA
AT BSB. SHE HAS NOT SELF HARMED IN THE LA

SYNTHETIC HORMONE