

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSJ-247A

Date Received at Step I \_\_\_\_\_ Grievance Identifier: 

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**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
Krystal Clark	435064	WHV	G419L	12/21/22	12/25/22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 12/25 & 12/22

If none, explain why. I spoke with Ofc's Clements & Christian, Dir. Jones, HUM Tinsley, Nurses Shraimer, Thomas, McEntire, and Robertson, and MCA Williams, Dr. Ellois, Lt. Ferrell, and WUM Paige to attempt to get an infirmary bed to no avail.

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.

On 12/21/22, I was told to pack up & report to Kent OBS for an IV antibiotic treatment. I told OBS staff that I could not stay in an OBS cell because the last time I did, I had a severe allergic reaction to the mold & mildew & had to be stuck with an EPIPEN, & immediately rushed to the hospital. On 12/21/22 there were two empty beds in the infirmary, & the nursing staff refused to give me a bed. I was forced to sign off from treatment, even though Dr. Ellis had told me prior to this day that I could report daily for this particular treatment. All of this is a direct result of the WHV medical staff retaliating against me due to current lawsuits pending, current grievances pending, previous grievances pending, and outside medical advocacy organizations helping me to receive adequate medical care. This is a violation of MDOC policy & procedure, and my constitutional right to receive sufficient medical care. Some of WHV medical staff such as: HUM Tinsley, Nurse Dir. Jones, Nurse Farini, Supv. Robertson, & Supv. McEntire, are being deliberately indifferent to my medical needs. The only resolve is to admit me to the infirmary not OBS for the much needed antibiotics.

*Krystal Clark*  
Grievant's Signature

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

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Respondent's Name (Print) \_\_\_\_\_ Working Title \_\_\_\_\_

Reviewer's Name (Print) \_\_\_\_\_ Working Title \_\_\_\_\_

Date Returned to Grievant:	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  
**PRISONER/PAROLEE GRIEVANCE FORM**

4835-4247 10/91  
 CSJ-247A

Date Received at Step I OCT 25 2022 Grievance Identifier: WAV2210 29941203

**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
Crystal Clair	435064	WAV	6A19L	10-14-22	10-20-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 10-14-22  
 If none, explain why. I spoke to Director Jones, and the

Warden, Deputy Allen

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.

On the 14th of Oct I had an appt with Doc. Choi. It was at 12:30 and I made it here at 12:23. They took me back and waited outside her office for about an hour. When I finally got in to talk with her and I got to explaining my healths, I feel like she completely ignored me. I basically had to beg her to look in my ears. She told me my right ear was closed and left one was red and still didnt do anything about it. I feel like the appt was pointless and nothing got taken care of. I feel like my life is in danger and fear for my health. Im grieving Doc. Choi and health care. This issue has been going on to long. Something needs to be done. The warden & Lansing is aware of the issue at hand.

Crystal Clair  
 Grievant's Signature

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

[Signature]  
 Respondent's Signature

11-14-22  
 Date

J. Jones  
 Reviewer's Signature

11/14/22  
 Date

Crystal Clair  
 Respondent's Name (Print)

Allen  
 Working Title

J. Jones  
 Reviewer's Name (Print)

Doc  
 Working Title

Date Returned to Grievant: 11/17/22

If resolved at Step I, Grievant sign here. Resolution must be described above.

Grievant's Signature

Date

**STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM**

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

<b>Prisoner Last Name:</b>	<b>Prisoner #:</b>	<b>Lock/Location:</b>	<b>Grievance #:</b>
Clark	435064	GA/19	WHV-22-10-2994-12D3
<b>Prisoner Interviewed:</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>If "NO", Reason:</b> Prisoner description allowed response from record.	
<b>Extension Granted:</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>If "YES", Enter End Date:</b>	

**COMPLAINT SUMMARY:**

Inmate states on 10.14.22 met with NP Choi regarding health. Inmate states she was ignored by NP Choi. Inmate states she begged NP Choi to look at ears. NP Choi remarked right ear was closed and left ear was red, but did nothing else. Inmate states she feels her life is in danger.

**INVESTIGATION SUMMARY:**


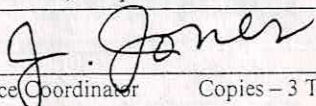
The issue presented in this grievance has been reviewed by Healthcare staff. Upon Review of the Corrections Offender Management System (COMS), the Writer found Inmate was seen by NP Choi on 10.14.2022. Per NP Choi's documentation, Inmate seen for chronic cough, bronchospasm, chronic bilateral ear pain, bilateral leg swelling, bilateral upper extremity tingling and numbness, and multinodular goiter. Documentation reveals assessment was completed by NP Choi. NP Choi requested a follow-up visit with Pulmonology, a Pulmonary Function Test, Barium Swallow. NP Choi documented regarding chronic ear pain to continue using ear drops as prescribed, notified Inmate of pending ENT follow up and scheduled an MP Follow-up in one month.

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

PD 03.03.130

**DECISION SUMMARY:**

Grievance is denied. Documentation reveals that Inmate was assessed, appropriate medication prescribed, had diagnostic testing ordered and scheduled for follow-up appointment. The Medical Provider is the authority regarding healthcare treatment. The Inmate's disagreement does not support an allegation that treatment was inappropriate.

<b>RESPONDENT NAME:</b>	Tinsley, Bryant	<b>TITLE:</b>	A/HUM
<b>RESPONDENT SIGNATURE:</b>		<b>DATE:</b>	11.14.2022
<b>REVIEWER NAME:</b>	Jones, Jacqueline	<b>TITLE:</b>	DON
<b>REVIEWER SIGNATURE:</b>		<b>DATE:</b>	11.14.2022

**STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM**

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

<b>Prisoner Last Name:</b> Clark	<b>Prisoner #:</b> 435064	<b>Lock/Location:</b> GA/19	<b>Grievance #:</b> WHV-22-10-2994-12D3
<b>Prisoner Interviewed:</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>If "NO", Reason:</b>	Prisoner description allowed response from record.
<b>Extension Granted:</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>If "YES", Enter End Date:</b>	

**COMPLAINT SUMMARY:**

Inmate states on 10.14.22 met with NP Choi regarding health. Inmate states she was ignored by NP Choi. Inmate states she begged NP Choi to look at ears. NP Choi remarked right ear was closed and left ear was red, but did nothing else. Inmate states she feels her life is in danger.

**INVESTIGATION SUMMARY:**

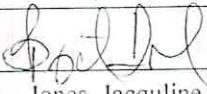
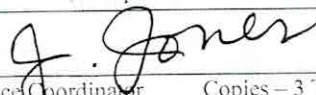
The issue presented in this grievance has been reviewed by Healthcare staff. Upon Review of the Corrections Offender Management System (COMS), the Writer found Inmate was seen by NP Choi on 10.14.2022. Per NP Choi's documentation, Inmate seen for chronic cough, bronchospasm, chronic bilateral ear pain, bilateral leg swelling, bilateral upper extremity tingling and numbness, and multinodular goiter. Documentation reveals assessment was completed by NP Choi. NP Choi requested a follow-up visit with Pulmonology, a Pulmonary Function Test, Barium Swallow. NP Choi documented regarding chronic ear pain to continue using ear drops as prescribed, notified Inmate of pending ENT follow up and scheduled an MP Follow-up in one month.

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

PD 03.03.130

**DECISION SUMMARY:**

Grievance is denied. Documentation reveals that Inmate was assessed, appropriate medication prescribed, had diagnostic testing ordered and scheduled for follow-up appointment. The Medical Provider is the authority regarding healthcare treatment. The Inmate's disagreement does not support an allegation that treatment was inappropriate.

<b>RESPONDENT NAME:</b>	Tinsley, Bryant	<b>TITLE:</b>	A/HUM
<b>RESPONDENT SIGNATURE:</b>		<b>DATE:</b>	11.14.2022
<b>REVIEWER NAME:</b>	Jones, Jacqueline	<b>TITLE:</b>	DON
<b>REVIEWER SIGNATURE:</b>		<b>DATE:</b>	11.14.2022

MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/94  
CSJ-247A

Date Received at Step I MAR 16 2022 Grievance Identifier: WTV2003 0736 1203

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
KRYSTAL D, CLARK	435084	W.H.V.	GA19 L	3/7/2022	3/11/2022

What attempt did you make to resolve this issue prior to writing this grievance? On what date? 3/7/202  
 If none, explain why. ON THE ABOVE DATE I ASKED DR.S WHY AM I CONTINUOUSLY BEING ADMINISTERED THE SAME ANTIBIOTICS WHEN THERE IS NOTHING CHANGING, JUST MY HEALTH DETERIATING RAPIDLY. THE RESOLVEMENT? THIS IS AND HAS BEEN AN ON GOING ISSUE WITH AN EXTENSIVE PAPER TRAIL, AND ME QOUTING POLICY "THAT IF THE PHYSICIAN IS UNABLE TO ASSIST, THEN THEY MUST BE RESPONSIBLE TO SEND A PATIENT OUT TO AND WHO EVER THAT THEIR AILMENT SUGGEST THAT THEY GO"!!!  
 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.

ON THE ABOVE DATE, I HAD A FOLLOW-UP APPOINTMENT WITH DR.S. SHE INFORMED ME THAT I STILL HAVE THE ECOLI BACTERIA AND A HAEMOPHILUS SPECIES IN MY SYSTEM. I HAVE BEEN PRESCRIBED (2) DIFFERENT ANTIBIOTICS ALL OF WHICH HAVE BEEN ADMINISTERED TO ME MORE THAN ONCE YET AND STILL WITH NO RESOLVEMENT NOR RELIEF. THESE ANTIBIOTICS HAVE NOT ONLY NOT BEEN SUCESSIVE IN CURING ME BUT HAS DESTROYED THE GOOD BACTERIA IN MY BODY THAT ARE IMPORTANT TO HELP FIGHT OFF OTHER BACTERIAS AND SICKNESS. MY BODY/SYSTEM KEEPS REJECTING THE ANTIBIOTICS AS WELL, ON TOP OF THE ONES PRESCRIBED THAT HAVENT ELIMINATED THIS BACTERIA WHICH I HAVE BEEN TESTED FOR AND HAVE BEEN FOUND TO HAVE HAD ON (5) DIFFERENT, BUT BACK TO BACK TESTS (LAB RESULTS). I AM GRIEVING THIS DOCTOR FOR FAILURE TO PROTECT AND A DELIBERATE IN DIFFERENT BECAUSE SHE KNOWS THAT I AM DYING. MY HEALTH IS DETERIORATING. I TOLD DR.S THAT HAVE BEEN SPITTING UP BLOOD CLOTS, MY THROAT BLEEDING AND SWELLING, MAJOR HAIR LOSS BY THE HANDFUL, MY EARS AND EYES RUNNING AND DRAINING CONTINUSLY, HOT SWEAT AND IM JUST OVERALL AM NOT GETTING BETTER BUT WORSE AND SHE NOT TRYING TO HELP ME WHEN SHE KNOWS THAT THE HOSPITAL, ON SEVERAL OCCASSIONS HAVE TOLD HER THAT I DONT GET OUT OF THIS EVVIROMENT AND SOON, THAT "I AM GOING TO DIE"!!! THAT NO MEDICINE CAN NOR WILL EVER WORK UNTIL I AM OUT OF THIS ENVIROMENT. DR.S. IS BREAKING THE RULES AND POLICY.  
*Kristal Clark*  
 Grievant's Signature

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

*scanned response attached w/ signature*

Respondent's Signature \_\_\_\_\_ Date \_\_\_\_\_ Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Respondent's Name (Print) \_\_\_\_\_ Working Title \_\_\_\_\_ Reviewer's Name (Print) \_\_\_\_\_ Working Title \_\_\_\_\_

Date Returned to Grievant: 5/11/22 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

4835-4247 10/94  
 CSJ-247A

Date Received at Step I OCT 25 2022 Grievance Identifier: WHV2210 2995 037

**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
Crystal Clark	435064	WHV	GA19L	10-18-22	10-20-22

What attempt did you make to resolve this issue prior to writing this grievance? On what date? ~~10-18-22~~  
 If none, explain why. I talked to Seg. Hails, Director Jones, Officer Allen, and visited the Warden on 10-18-22

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.

On Oct 18<sup>th</sup> I was called to the desk by Officer Allen at 11:35 I was told I had to be ready for a med run at 12:45 pre control center. Around 12:10 my officer told me I had to be up to medical now for my med run. I was rushing to get up there. Got up there and asked an officer and Seg Hails to call about transport. I was told to sit. About 1/2 later I asked again and was told they was looking into it. I was told by Officer Potter that my med run was earlier into the morning and control center knew that. So other words I missed my appt. I feel like they did this on purpose and are playing with my health. ~~Crystal Clark~~  
 Im grieving the Warden & Control Center for neglecting my health.  
 \_\_\_\_\_  
 Grievant's Signature

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

SEE ATTACHED RESPONSE

\_\_\_\_\_  
 Respondent's Signature  
 M. PIERZEL  
 Respondent's Name (Print)

11/1/22  
 Date  
 LT  
 Working Title

\_\_\_\_\_  
 Reviewer's Signature  
 \_\_\_\_\_  
 Reviewer's Name (Print)

11-2-22  
 Date  
 CSS-3  
 Working Title

Date Returned to Grievant: 11/2/22 If resolved at Step I, Grievant sign here. Resolution must be described above.  
 \_\_\_\_\_  
 Grievant's Signature  
 \_\_\_\_\_  
 Date

**STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM**

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

<b>Prisoner Last Name:</b> Clark	<b>Prisoner #:</b> 435064	<b>Lock/Location:</b> GA/19L	<b>Grievance #:</b> WHV-22-10-2995-03Z
<b>Prisoner Interviewed:</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If "NO", Reason:</b>	
<b>Extension Granted:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If "YES", Enter End Date:</b>	<b>If "YES", Enter End Date</b>

**COMPLAINT SUMMARY:**

Grievant stated she was called to the desk at 1135 hours and told to report to Control Center at 1245 hours for a med run. At 1210 hours, the prisoner was told to report to medical for her med run. When she arrived, she asked an officer to call about her med run and was told to sit down. She asked again approximately 30 minutes later and was told it was being looked into. Another officer told her the med run was supposed to have been earlier in the morning and the Control Center knew that. She feels it was done intentionally and her health is being played with.

**INVESTIGATION SUMMARY:**

Interviewed prisoner and spoke to the officer(s) involved regarding the incident.

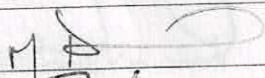
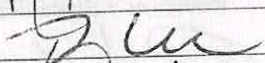

**APPLICABLE POLICY, PROCEDURE, ETC.:**

WHV OP 03.04.135 - Transporting Prisoners in Custody (EXEMPT)

**DECISION SUMMARY:**

You are grieving the fact that you missed your med run and you feel that it is being done intentionally and that your health is being played with. You stated you were told by your officer what time you needed to report for your med run initially and then were told a different time. The Control Center officers call in the mornings and let the unit officers know what time you need to be up for your med run based on your detail. The transportation officers that take the runs out often have several runs a day and prisoners end up waiting. It does not appear there was any mix up on the time of your appointment. The transportation officers may not have been back at the time your run was supposed to leave. Unfortunately, sometimes these things happen and are uncontrollable. There is no violation of policy or procedure in this situation. Your grievance is denied at this level.

This grievance does not fit the purview for PREA.

<b>RESPONDENT NAME:</b>	M. Pierrel	<b>TITLE:</b>	Lieutenant
<b>RESPONDENT SIGNATURE:</b>		<b>DATE:</b>	11/1/22
<b>REVIEWER NAME:</b>		<b>TITLE:</b>	CS-3
<b>REVIEWER SIGNATURE:</b>		<b>DATE:</b>	11-2-22

Distribution: Original - Step I Grievance Coordinator      Copies - 3 To Grievant (1 Prisoner Copy; 1 for Step II filing; 1 for Step III filing)

**STEP I GRIEVANCE RESPONSE SUPPLEMENTAL FORM**

(Use if space on the CSJ-247A is insufficient for a full response by stating on the CSJ-247A "See attached CSJ-247S")

<b>Prisoner Last Name:</b> Clark	<b>Prisoner #:</b> 435064	<b>Lock/Location:</b> GA 19L	<b>Grievance #:</b> WHV-22-10-2995-03Z
<b>Prisoner Interviewed:</b>	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>If "NO", Reason:</b> _____	
<b>Extension Granted:</b>	YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>If "YES", Enter End Date:</b> IF "YES", Enter End Date	

**COMPLAINT SUMMARY:**  
Grievant stated she was called to the desk at 1135 hours and told to report to Control Center at 1245 hours for a med run. At 1210 hours, the prisoner was told to report to medical for her med run. When she arrived, she asked an officer to call about her med run and was told to sit down. She asked again approximately 30 minutes later and was told it was being looked into. Another officer told her the med run was supposed to have been earlier in the morning and the Control Center knew that. She feels it was done intentionally and her health is being played with.

**INVESTIGATION SUMMARY:**  
Interviewed prisoner and spoke to the officer(s) involved regarding the incident.

**APPLICABLE POLICY, PROCEDURE, ETC.:**  
WHV OP 03.04.135 - Transporting Prisoners in Custody (EXEMPT)

**DECISION SUMMARY:**  
You are grieving the fact that you missed your med run and you feel that it is being done intentionally and that your health is being played with. You stated you were told by your officer what time you needed to report for your med run initially and then were told a different time. The Control Center officers call in the mornings and let the unit officers know what time you need to be up for your med run based on your detail. The transportation officers that take the runs out often have several runs a day and prisoners end up waiting. It does not appear there was any mix up on the time of your appointment. The transportation officers may not have been back at the time your run was supposed to leave. Unfortunately, sometimes these things happen and are uncontrollable. There is no violation of policy or procedure in this situation. Your grievance is denied at this level.  
  
This grievance does not fit the purview for PREA.

<b>RESPONDENT NAME:</b> M. Pierrel	<b>TITLE:</b> Lieutenant
<b>RESPONDENT SIGNATURE:</b>	<b>DATE:</b> 11/1/22
<b>REVIEWER NAME:</b>	<b>TITLE:</b> CS-3
<b>REVIEWER SIGNATURE:</b>	<b>DATE:</b> 11-2-22



MICHIGAN DEPARTMENT OF CORRECTIONS  
PRISONER/PAROLEE GRIEVANCE FORM

4835-4247 10/99  
CSJ-247A

Date Received at Step I MAR 07 2022 Grievance Identifier: WHV 2003 070112011

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	
<u>Krystal Clark</u>	<u>435064</u>	<u>WHV</u>	<u>GA 19 low</u>	<u>2-24-22</u>	<u>2-28-22</u>	

What attempt did you make to resolve this issue prior to writing this grievance? On what date? I've made  
 If none, explain why. Many attempts to receive help, not only have I kited multiple people multiple times (Warden, Hum Jones, and Healthcare Personnel), I've spoken to these individuals personally.

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 am grieving healthcare and MSP Dr. Tran, + MSP Dr. S, for violation of policy 03.04.100. On 2-24-2022, I was scheduled for a med-run when I went to healthcare I was told to wait in the dental desk waiting area. Where I waited for several hours only to be told my med-run was cancelled yet again. This has happened to me several times. My health is being neglected, and I'm being denied health care treatment for health issues that are killing me internally and externally. This is inhumane treatment that falls under

Krystal Clark  
Grievant's Signature

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

A Step I response to this grievance was not provided within the timeframes outlined in PD 03.02.130: Prisoner/Parolee Grievances. The grievant exercised their option to proceed to Step II appeal in the absence of a Step I response. A response to that appeal has been or will soon be issued to grievant, thus response to the Step I grievance is no longer indicated.

<u>Heather Barth</u>	<u>5/12/2022</u>	<u>Lori Kissau</u>	<u>5/13/22</u>
Respondent's Signature	Date	Reviewer's Signature	Date
<u>H. Bailey-Barth, RN</u>	<u>Director of Nursing</u>	<u>Lori Kissau, RN</u>	<u>A/Asst. Health Services Administrator</u>
Respondent's Name (Print)	Working Title	Reviewer's Name (Print)	Working Title

Date Returned to Grievant: 5/11/22 If resolved at Step I, Grievant sign here. Resolution must be described above. Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_