

ALAMEDA COUNTY SHERIFF'S OFFICE  
INMATE GRIEVANCE FORM

Inmate Copy

ADA  
RELATED

[ ] Santa Rita Jail [x] Glenn E. Dyer Detention Facility

NAME: Darrell Buckins PFN: [REDACTED] DATE: 5-8-15 HU/FLOOR 5-A-2

Only one grievance issue per form ---- (Subject to refusal if failure to comply) DATE GRIEVANCE OCCURRED 5-8-15

Grievance Details:

I have repeatedly complained of pain in my abdominal section for over a 4 month period. I have experienced pain levels from the scale of 5 to 10. I have asked for outside opinions from doctors when facility medics could not pin-point a problem from the symptoms I have describe. I filed a medical Emergency Grievance a month ago, but obviously staff lost my Grievance because A copy was never returned to me. I have repeatedly been seen by medics here at Glenn dyer and they have been unable to conclude the source of my pain. I missed an Ultra Sound scan appointment, because I was in too much pain the morning of. I am now urinating blood and experiencing pain in my penis, my abdominal section is burning all over. I'm unable to retain water, causing dehydration, headaches and nausea. Blood is forming at the tip of my penis, even when I am not using the bathroom. It's leaking to my under clothes. Please take me to the hospital. I can feel that I'm bleeding on the inside. I am experiencing excruciating pain, help me.

INMATE SIGNATURE: Darrell Buckins

By signing this form, you are consenting to a search of your medical, dental, or mental health records for the purpose of this investigation only. This acts as a waiver to your HIPPA rights. If you disagree with this, you must indicate so in your grievance.

\*\*\*DO NOT WRITE ON BACK OF THIS FORM. USE ADDITIONAL GRIEVANCE FORMS IF NECESSARY\*\*\*

\*\*\*DO NOT WRITE BELOW THIS LINE\*\*\*

Received by Deputy: J. M. Rish Badge# 2137 Date: 050915

[ ] Resolved at Deputy Level

Inmate Acceptance (Signature) \_\_\_\_\_

☒ Cannot be resolved at Deputy Level

Grievance Tracking Number: 15-0561-15-06001

The Deputy who received the Inmate's grievance shall attach an Inmate Grievance Response Supplemental Form (ML-53) detailing how they resolved or attempted to resolve the inmate's grievance.

Corrected Tracking #

Copies: White-Staff  
Pink-Inmate

Inmate Copy

RECEIVED MAY 12 2015

ML-51 (rev 10/14)