

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P. O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

2870601
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: <u>SCI Fayette</u>	DATE: <u>9-1-09</u>
FROM: (INMATE NAME & NUMBER) <u>Richard Mosley</u> [REDACTED]	SIGNATURE of INMATE: [REDACTED]	
WORK ASSIGNMENT: <u>Block Worker</u>	HOUSING ASSIGNMENT: [REDACTED]	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). **State all relief that you are seeking.**

Since arriving at SCI Fayette in January 2008 I have experienced respiratory complications in which I have no history. I have been to medical consistently for treatment. I have been on several types of medication. The record will reveal that my commitment at SCI Graterford and SCI Camp Hill failed to induce my current respiratory illness. My complications have been persistent throughout the changing of seasons. Due to the excessive dust that accumulates in the cell, and the Hayfever and mold in this area my respiratory problems have become a severe chronic aphixiation problem. I respectfully requested a medical transfer from this area/region.

B. List actions taken and staff you have contacted, before submitting this grievance.

I have submitted at [REDACTED] to the following individuals concerning this matter.

1. Superintendent Coleman
2. Major Nickelson

Your grievance has been received and will be processed in accordance with DC-ADM 804.

S.C.I. FAYETTE

SEP - 2 2009

9-2-09
Date

SUPERINTENDENT ASSISTANT II