

# INMATE REQUEST GRIEVANCE FORM

NAME: Emanuel Aurmond Bedford DATE: November 29, 2022

BOOKING NUMBER: N/A UNIT/ROOM NUMBER: N/A

## GENERAL REASON FOR REQUEST

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> INMATE CASE FILE           | <input checked="" type="checkbox"/> INDIGENT STATUS  |
| <input checked="" type="checkbox"/> CLASSIFICATION INFORMATION | <input type="checkbox"/> INMATE WORKER STATUS        |
| <input type="checkbox"/> PERSONAL PROPERTY                     | <input checked="" type="checkbox"/> PROGRAM SERVICES |
| <input type="checkbox"/> VISITATION CHANGES                    | <input type="checkbox"/> INMATE ACCOUNT              |

Specific information concerning the item checked: Experiencing oppressive pre-trial incarceration from overzealous police / C.O. practices (Ashley Washon) strongly insisted on inflicting cruel and unusual punishment simultaneously fueling anxiety stemming from being publicly accused of a crime, which is why I'm asking your authority agency to adhere to the behavior to stop and to see that the dillon co. detention center don't execute me for seeking your help.

Staff Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to: \_\_\_\_\_  
Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**RECEIVED**  
DEC 08 2022  
S.C. SUPREME COURT