

**SOUTH CAROLINA DEPARTMENT OF CORRECTIONS**

**INMATE GRIEVANCE FORM**

**STEP 1**

INMATE NAME: <u>Jonathan W. Goad</u>	<b>OFFICE USE ONLY</b>
SCDC NUMBER: <u>216638</u> <u>MAY 05 2023</u> - <u>dmw</u>	Grievance No. <u>Lee CI 0213-23</u>
INSTITUTION: <u>Lee Correctional Inst.</u>	Code: General <u>MT/US</u>
HOUSING UNIT: <u>F6A-1161</u>	Policy _____
WORK ASSIGNMENT: <u>West P.I</u>	Disc. Hear. _____
	Class. _____
	PREA _____
	Date Received <u>5/8/23</u>
	IGC Initials <u>JGP</u>

**STATEMENT OF GRIEVANCE** (Indicate the date of incident, and if the grievance is a challenge to SCDC Policy, specify which policy. Include supporting documentation and attach answered RTSM or Kiosk reference number.)

#23-03099351

The S.C dept. of Corrections paid me less than the prevailing wage while I was working for Nephron Pharmaceuticals Inc. through prison Industries ~~for~~ programs.

Jonathan W. Goad      5-04-2023  
 Grievant Signature      Date

**ACTION REQUESTED:** I am requesting the immediate payment of all unpaid wages owed to me resulting from being paid less than the prevailing wage by law.

**ACTION TAKEN BY IGC:**  PROCESSED     UNPROCESSED     OTHER

Due to the nature of your appeal, this grievance has been elevated to the Step 2 Grievance level for further review. It will be held in abeyance and you will be notified of the Decision once it is made. 5/8/23 JGP

\_\_\_\_\_  
 IGC Signature      Date

(CONTINUE ON REVERSE SIDE.)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE FORM  
STEP 2

Office Use Only

INMATE NAME: Goad, Jonathan Grievance No. Lee-0213-23  
SCDC NUMBER: 2146-38 Code: General M/1105  
INSTITUTION: LCI MAY 17 2023 Policy \_\_\_\_\_  
HOUSING UNIT: \_\_\_\_\_ INMATE GRIEVANCE Disc. Hear. \_\_\_\_\_  
WORK ASSIGNMENT: \_\_\_\_\_ Class \_\_\_\_\_  
PREA \_\_\_\_\_  
Date Received: \_\_\_\_\_  
IGC Initials: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
IGA Initials: \_\_\_\_\_

INMATE'S REASON FOR APPEAL (state specific dissatisfaction):

In accordance with SCDC Policy GA-01.12, "Inmate Grievance System," due to the nature of allegations you have raised in your Grievance, it has been forwarded to the Inmate Grievance Branch Central Office and Office of General Counsel for a response. Inmate's signature has been adopted from SCDC 10-5, Step 1 Inmate Grievance Form.

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

**SEE REVERSE SIDE FOR RESPONSIBLE OFFICIAL'S DECISION & REASON**

Responsible Official Signature Bate Vincent Date 11-14-23

The decision rendered by the responsible official exhausts the appeal process of the Inmate Grievance Procedure. I hereby acknowledge receipt of the official's response and understand this is the Agency's final response to this matter.

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_ IGC Signature \_\_\_\_\_ Date \_\_\_\_\_

(SEE REVERSE SIDE FOR INSTRUCTIONS)

SCDC 10-5A (Rev. May 2015)

Dq 2