

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

STEP 1

INMATE NAME: <u>Kennedy William Raley</u> SCDC NUMBER: <u>273456</u> INSTITUTION: <u>LEE</u> MAY 04 2023 - AMW HOUSING UNIT: <u>F6-A-2116</u> WORK ASSIGNMENT: <u>PRISON INDUSTRIES</u>	OFFICE USE ONLY Grievance No. <u>Lee CI 099-23</u> Code: General <u>M4/125</u> Policy _____ Disc. Hear. _____ Class. _____ PREA _____ Date Received <u>5-8-23</u> IGC Initials <u>RW</u>
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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.)

The SC Dept. of Corrections paid me less than the prevailing wage, while working for Neptun Pharmaceuticals Inc. through the Prison Industries Program. I know that this is an Illegal Act, therefore I am requesting legal help with this small, but serious matter. Thank You! God Bless!!! Sincerely
 Kerry Raley

Ref # 2303099550

Kennedy W. Raley 5-3-23
 Grievant Signature Date

ACTION REQUESTED: I would like to be compensated for the funds that were stolen from me.

ACTION TAKEN BY IGC: PROCESSED UNPROCESSED OTHER

Due to the nature of your appeal, it has been forwarded to the Step 2 Level for further review. This grievance will be held in abeyance until a Decision has been rendered at the Step 2 Level. RW 5-9-23

K. Cheptul 11/29/23
 IGC Signature Date

(CONTINUE ON REVERSE SIDE)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
INMATE GRIEVANCE FORM
STEP 2

INMATE NAME: Baley, Kenny
SCDC NUMBER: 273456
INSTITUTION: Lee
HOUSING UNIT: _____
WORK ASSIGNMENT: _____

RECEIVED

MAY 16 2023

INMATE GRIEVANCE

Office Use Only
Grievance No. Lee-2-019423
Code: General my/lws
Policy _____
Disc. Hear. _____
Class. _____
Date Received _____
IGC 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

Bart Vincent 11-14-23
Signature Date

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)