

STATE OF SOUTH CAROLINA  
ADMINISTRATIVE LAW COURT

**RECEIVED**

JAN 21 2016

SC Court of Appeals

Gary Storzak #109201

Appellant,

vs.

South Carolina Department of Corrections,

Respondent.

NOTICE OF APPEAL

DOCKET NO. 15-ALJ-04-0641-AD  
GRIEVANCE NO.: MCF 0406-15

Notice is hereby given that Gary Storzak #109201 does hereby appeal the final decision of the South Carolina Department of Corrections dated 11-25-15 and received on 11-26-15, a copy of which is attached. A general statement of the grounds for appeal is (See S.C. Code Ann. § 1-23-380(A)(6)):

Does my Appeal of the Inmate Grievance comply with SCDC Policy and Rules.

Does my Appeal of the Inmate Grievance suggest that I have complied with the requirements of the SCDC Rule and regulations under Storzak v. SCDC, 605 S.E.2d 506.

Gary Storzak #109201  
Appellant's Name  
Atterdale Corri Insti

Gary Storzak #109201  
Signed

Mailing Address  
P.O. Box 1151, F418-5

12/1/15  
Dated

City, State, Zip Code  
Fairfax SC 29027

**CERTIFICATE OF SERVICE**

I hereby certify that I, Gary Storzak (your name), on the 1 day of Dec, 2015, in Fairfax (city), South Carolina, served a copy of the foregoing Notice of Appeal on all parties to this matter by depositing the same in the United States Mail, postage paid, or in the mail room of the undersigned's institution and addressed as follows:

Name of person/Agency served: Tommy Evans Jr or Terry B. Adger  
Assistant General Counsel

Address: South Carolina Dept. of Corrections  
4441 Broad River Rd.

City, State, Zip Code: Columbia, SC 29201

Gary Storzak  
Print your name Sign your name  
(See reverse side for instructions)

Gary Storzak

Instructions for filing an appeal of the final agency decision from the South Carolina Department of Corrections:

- 1) You must complete the **Notice of Appeal** on the reverse side of these instructions and mail it to the Administrative Law Court at the following address:

**Clerk's Office  
South Carolina Administrative Law Court  
1205 Pendleton Street, Suite 224  
Columbia, SC 29201**

A copy of the Notice of Appeal must also be forwarded to the Office of General Counsel at the Department of Corrections.

- 2) **In order for your case to be processed by the ALC, a copy of the final decision from the Department of Corrections must be attached to the Notice of Appeal.**

Inmate Copy

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

INMATE GRIEVANCE FORM

"Corrected Copy" 10-15-15 ps

STEP 1

INMATE NAME: <u>Cary Storzak</u>	<b>RECEIVED</b> <u>(ATU)</u> SEP 28 2015	OFFICE USE ONLY		
SCDC NUMBER: <u>104201</u>		Grievance No. <u>ACI-0406-15</u>		
INSTITUTION: <u>ADJ</u>		Code: General	Policy <input checked="" type="checkbox"/>	
HOUSING UNIT: <u>F4B-5</u>		Disc. Hear. _____	Class. _____	
WORK ASSIGNMENT: <u>Maint.</u>		PREA _____	Date Received <u>9/28/15</u>	IGC Initials <u>ps</u>
<b>WARDEN'S OFFICE</b> <u>ACI</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.)

This is a challenge to SCDC Policy. I have filed a grievance about 3 men and 2 men celling. Storzak SCDC, 6055E28506. This grievance states a violation of appellant's liberty interest, constituted both a security hazard and a health interest. Not only is this a grievance by 3 men and 2 men celling it also affects my right to have medical attention. I had a stroke in Feb of this year. My medical needs are not the same as before this stroke. I have done medical consult. See e. Sanders response 9/16/15. The kiosk number 78615-11562.

Cary Storzak 9/26/15  
Grievant Signature Date

ACTION REQUESTED: to remove all 3 men from triple celling and to remove all single cells from double celling. Allow one single cell for medical use.

ACTION TAKEN BY IGC:  PROCESSED  UNPROCESSED  OTHER

Pam Smith 10/08/15  
IGC Signature Date

(CONTINUE ON REVERSE SIDE)

**WARDEN'S DECISION AND REASON:**

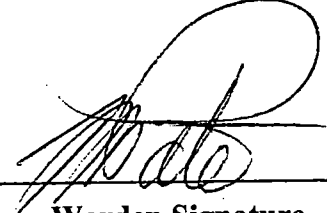
GRIEVANCE # ACI-0406-510713139

GARY SLEZAK - SCDC #109201

Inmate Slezak:

Your request to convert all 3-man and 2-man cells to single cells cannot be considered at the institutional level, as this is a decision made at the Agency level.

Your grievance is denied.

  
Warden Signature 10/5/15  
Date

- I accept the Warden's decision and consider the matter closed.
- I do not accept the Warden's decision and wish to appeal.

Gary Slezak 10-15-15  
Grievant Signature Date

Pam Smith 10/15/15  
IGC Signature Date

**INSTRUCTIONS FOR COMPLETING STEP 1 GRIEVANCE FORM**

1. An informal resolution shall be attempted prior to the filing of Step 1 by sending an Inmate Request to Staff Member (RTSM) form or Kiosk reference number to the appropriate supervisor. A copy of the answered RTSM must be attached to the grievance when the grievance is filed.
2. Complete each section in its entirety writing only in the space provided for inmate use. No additional pages will be permitted.
3. Only one (1) issue is to be addressed on each form.
4. Submit the completed form by placing it in the Grievance Box at your institution within eight (8) working days of the date on the RTSM response; policy grievances can be filed at any time. Disciplinary and Classification Review appeals must be submitted within five (5) working days of the hearing/review. Do not write in the space provided for the Warden's response.
5. If you are not satisfied with the Warden's decision, you may appeal to the appropriate responsible official within five (5) days of your receipt of the Warden's decision, by placing your Step 2 appeal form in the Grievance Box at your institution.

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SOUTH CAROLINA DEPARTMENT OF CORRECTIONS  
INMATE GRIEVANCE FORM  
STEP 2

Dec 10-20-15

OCT 21 2015

Office Use Only

INMATE GRIEVANCE  
INMATE NAME: Bary Stovak

SCDC NUMBER: 109201

INSTITUTION: A.C.I.

HOUSING UNIT: F4B-5

WORK ASSIGNMENT: Maint.

Grievance No. ACT 0406-5

Code: General \_\_\_\_\_

Policy

Disc. Hear. \_\_\_\_\_

Class \_\_\_\_\_

PREA \_\_\_\_\_

Date Received: 10/19/15

IGC Initials: ps

Date Received: 10-26-15

IGA Initials: over

RECEIVED

OCT 19 2015

WARDEN'S OFFICE

ACI

INMATE'S REASON FOR APPEAL (state specific dissatisfaction): I am dissatisfaction with the medical procedures that were employed. By sending me to Mental Health Clinic I was denied due process and equal protection against SCDC policy. My 3 min and 2 min celling is incomplete as I have not been evaluated for leg pain. My stroke was caused by leg pain. I request a single cell or 2 double cell housing in all units due to overcrowding.

Grievant Signature Bary Stovak Date 10-16-15

RESPONSIBLE OFFICIAL'S DECISION AND REASON:

I have reviewed your complaint. According to GA -01.12 "Inmate Grievance System" Cell, dormitory, or cubicle assignments made within an institution, unless there may be extenuating medical circumstances or criminal activity involved is considered non-grievable. Also, your attempt to file a grievance under the Agency policy and procedures is incomplete. You were not specific as to which policy you are grieving.

Therefore, your grievance is denied.

You may appeal this decision under the Administrative Procedures Act. In order to appeal, you must fill out the attached Notice of Appeal Form and submit it as instructed on the form within 30 days of receipt.

Responsible Official Signature

J. Gaster

Date 11-17-15

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.

Bary Stovak 11/25/15  
Grievant Signature Date

Pam Smith 11/25/15  
IGC Signature Date

## INSTRUCTIONS FOR COMPLETING STEP 2 GRIEVANCE FORM

1. Complete form in its entirety, writing only in the space provided for inmate use.
2. State your specific reason for further appeal. Do not submit any new issues for review. No additional pages will be permitted.
3. Submit this completed form with your copy of the Step 1 form by placing in the Grievance Box within five (5) days of your receipt of the Warden's decision. Do not write in the space provided for the responsible official.
4. The decision rendered by the responsible official exhausts the appeal process of the SCDC Inmate Grievance Procedure.