

RG Health Services
FEDERAL CORRECTIONAL COMPLEX
FLORENCE, COLORADO
INFORMAL RESOLUTION FORM

Notice to Inmate: Inmates have the responsibility to use this Program in Good Faith and in an Honest and Straightforward manner.

Inmate Name: Silverstein
Unit: 5

Reg. No. 14634-116
Date: 6-28-16

NOTICE TO INMATE: You are advised that normally prior to filing a Request for Administrative Remedy, BP-229(13), you must attempt to informally resolve your complaint through your Correctional Counselor. Please follow the steps listed below:

1. State your complaint (single complaint or a reasonable number of closely related issues):

ON 6/14/16, I SENT A COP OUT TO THE HOSPITAL REGARDING THE
DAMAGE DONE TO MY WRIST BY THE HAND CUFFS + BLACK BOX
THAT I WAS FORCED TO WEAR / ENDURE DURING MY LEGAL VISIT ON
6/12/16 FOR FOUR HOURS. BUT NO ONE RESPONDED.

(If more space is needed, you may use up to one letter size (8 1/2 x 11) continuation page. You must also submit one copy of supporting exhibits. (Exhibits will not be returned with the response to BP-229(13) responses.))

2. State what resolution you expect: I STILL NEED MY WRIST EXAMINED FOR
THE NUMBNESS FELT + HAVE IT DOCUMENTED + A MEDICAL
ORDER PROHIBITING STAFF FROM TORTURING ME WITH THE BLACK
BOX!

Inmate's Signature: Thomas Silverstein

Date: 6/28/16

Counselor's Signature: [Signature]

Date: 6-30-16

Department Involved: _____

Date Assigned: _____ Due Date: _____

Department's Response regarding Complaint: Health Services has been advised of
your request.

Department Head Signature: CR

Date: 7/1/2016

Unit Manager's Review: _____

Date: _____

Informally Resolved: _____

Date: _____

	BP-8 ISSUED	BP-8 RETURNED	BP-9 ISSUED	BP-9 RETURNED	REMEDY CLERK
DATE	<u>06-28-2016</u>				
TIME					
COUNSELOR	<u>m/h</u>				

868847

U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons

REQUEST FOR ADMINISTRATIVE REMEDY

Type or use ball-point pen. If attachments are needed, submit four copies. Additional instructions on reverse.

From: SILVERSTEIN, THOMAS, E. 14634-116 D FLORENCE
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A- INMATE REQUEST I FINALLY SAW THE P.A. HE DIDN'T SAY ANY THING ABOUT THE NUMBNESS I POINTED OUT TO HIM. HE CAME AFTER THE BRUISING WENT AWAY. SO HIS VISIT WAS MEANINGLESS. HOWEVER, I FIGURED AS MUCH, SO INSTEAD OF WAITING, I ASKED A NURSE TO LOOK AT IT WHEN SHE BROUGHT ME MEDS, THAT I TAKE FOR OTHER AILMENTS AND ASKED HER TO SIGN THE ATTACHED "COP OUT." PLEASE SEE "EXHIBIT-A." I REQUEST DIFFERENT RESTRAINTS BE USED OTHER THAN THE BLACK BOX, AND A THOUSAND DOLLARS FOR EACH WRIST DAMAGED AND THE PAIN ENDURED. THANK U!

7/8/16
DATE

Thomas E. Silverstein
SIGNATURE OF REQUESTER

Part B- RESPONSE

DATE

WARDEN OR REGIONAL DIRECTOR

If dissatisfied with this response, you may appeal to the Regional Director. Your appeal must be received in the Regional Office within 20 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: _____

CASE NUMBER: 868847-F1

Part C- RECEIPT

Return to: _____

(2)

COP OUT

6/11/16

TO: HOSPITAL % MS. OLGUIN (NURSE)

ON 6/10/16, I HAD A VISIT. HANDCUFFS, BLACK BOX AND WAIST CHAIN WERE PUT ON ME.

THE CUFFS DUG INTO MY FLESH SO BADLY THAT IT LEFT ABRASIONS. WHICH I SHOWED THE PA THE NEXT NIGHT.

SHE THINKS I'M ALLERGIC TO HANDCUFFS / METAL. I BELIEVE THE DAMAGE WAS CAUSED, SPENDING ABOUT FOUR HOURS WITH THE CUFFS DIGGING INTO MY FLESH! AS THEY DO EACH TIME I HAVE A VISIT WITH THE BLACK BOX ON.

I REQUEST THAT THIS "COP OUT" BE PUT INTO MY MED. FILE AS EVIDENCE. RE: THE PA SEEING THE MARKS AS A WITNESS.

THANK U!

T. Silverstein #14634-116

D-307

WITNESS SIGNATURE: (SAID MENTIONED P.A.)

8- 06/12/16 Observation of Erythema on wrists consistent with handcuff placements and observation of Erythema, scaly Patchy area on bilateral wrists anterior > posterior wrists. C. Olguin L. Olguin 06/02/16 CO

868847 F1

Type or use ball-point pen. If attachments are needed, submit four copies. One copy of the completed BP-229(13) including any attachments must be submitted with this appeal.

From: SILVERSTEIN, THOMAS, E. 14634-116 D FLORENCE
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

Part A - REASON FOR APPEAL

THE WARDEN STATES IN HIS B.P.9 RESPONSE RE: MY RESTRAINTS REQUEST.

"ANY DEVIATION FROM P.S. 5566.06 MUST BE APPROVED BY THE WARDEN THROUGH THE DEPUTY CAPTAIN."

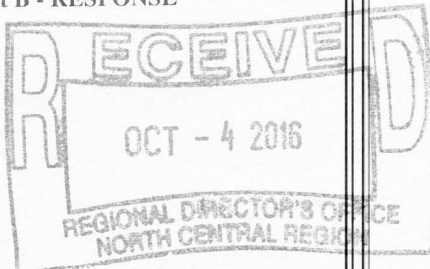
I'M CONFUSED: I JUST APPEALED TO HIM VIA B.P.9. SO WHY DIDN'T HE CONTACT THE CAPT. APPROVING IT?

IT APPEARS, THEY'RE SO USED TO PASSING THE BUCK HERE, HE FAILS TO REALIZE THAT THE BUCK STOPPED W/HIM? I REQUEST DIFFERENT RESTRAINTS + STOP BEING TORTURED WHEN I HAVE A VISIT, + WARDEN STOP PASSING THE BUCK. THANK U!

P.S. I SHOULD'NT OF HAD TO FILE THIS.

9/25/16 P.S.S. NOTE: THE WARDEN DATED HIS REPLY 9-12-16. Thomas E. Silverstein
DATE THAT I DIDNT RECEIVE UNTIL 9-20-16. SIGNATURE OF REQUESTER

Part B - RESPONSE



DATE

If dissatisfied with this response, you may appeal to the General Counsel. Your appeal must be received in the General Counsel's Office within 30 calendar days of the date of this response.

ORIGINAL: RETURN TO INMATE

CASE NUMBER: 868847-R1

Part C - RECEIPT

CASE NUMBER: _____

Return to: _____
LAST NAME, FIRST, MIDDLE INITIAL REG. NO. UNIT INSTITUTION

SUBJECT: _____

DATE

SIGNATURE, RECIPIENT OF REGIONAL APPEAL



**U.S. Department of Justice
Federal Bureau of Prisons
North Central Regional Office**

**Regional Administrative Remedy Appeal
Part B - Response**

Administrative Remedy Number: 868847-R1

This is in response to your Regional Administrative Remedy Appeal received in this office on October 4, 2016. You request restraints other than the black box be used on you.

We have reviewed your appeal and the Warden's response of September 12, 2016. The Warden provided a thorough and accurate response to your complaint. The Warden's response adequately addresses your concerns. Specifically, the restraints applied to you during your visit are in accordance with P.S. 5566.06, Use of Force and Application of Restraints. The Warden has not deemed it appropriate to deviate from these restraints.

Based on the above information, this response to your Regional Administrative Remedy Appeal is for informational purposes only.

If you are dissatisfied with this response, you may appeal to the Office of General Counsel, Federal Bureau of Prisons, 320 First Street, NW, Washington, DC 20534. Your appeal must be received in the Office of General Counsel within 30 days from the date of this response.

11-18-16
Date


Sara M. Revell, Regional Director