

Your Name _____

TDCJ Number _____

Unit name _____



Date _____

Ethnicity _____

Birth Date _____

Please check all that apply. Please add any additional information on the back of this page. Thank You!

TDCJ had began enforcing their heat protocols for 2022. We are aware that these policies are not always followed at the unit level. So to hold TDCJ accountable we need your help!

Please check all the following that apply. *

- No Cups
- No Bottled water available through Commissary
- Denied a personal fan (Inmates are allowed 2 personal fans with the exception of inmates at transfer facilities.)
- No Ice
- Broken Ice Machines
- No electrolyte sports drinks available through Commissary
- No access to Unit fans
- No water
- No cooling towels on Commissary
- Broken Unit fans
- No Heat policy posted
- No cooling shirts on Commissary
- Not being allowed to wear shorts and t-shirts in dayrooms and recreational areas
- Cold Shower not working
- No water breaks while working (specifically outside jobs)
- Health crisis disregarded
- Transported/left in hot bus
- Low/no water pressure in shower
- Denied access to the respite area
- No access to cool down showers
- No wellness checks being conducted

Please describe how often you receive water, the condition of the water (ex. Hot, with or without ice, infested with vermin etc.). _____

If yes, how often are you allowed to take a cold shower? _____

If no, please describe the nature, frequency, time frame, duration, reasons given, other circumstances _____

If you ever been denied access to the respite area why were you denied, date, and by whom? _____

If you were granted access to the respite area, please describe its conditions and how long you were allowed in the area. (frequency, nature , applicable time frame, reasons given, and other circumstances, including most recent example)

Where are the non working fans? _____

HEAT RELATED MEDICAL CONCERNS

Are you heat restricted? Yes No Please describe your heat restriction _____

Have you been asked to wave their Heat restrictions? Yes No

If yes, who asked you to wave their heat restriction? _____

Have you chosen to wave their heat restriction themselves? Yes No

Are you prescribed a heat sensitive medication? Yes No Have you been asked to stop your medication? Yes No

Did you decide to stop taking your medication? Yes No If yes then why? _____

Do you have underlying health conditions such as: diabetes, high blood pressure, cancer? _____

Do you have a heat related illness? (Describe) _____

Have you had a heat related illness or symptoms following heat related symptoms such as; dizziness, fainting, heat rash, a headache, dizziness and confusion, loss of appetite and feeling sick, excessive sweating and pale, clammy skin, cramps in the arms, legs and stomach, fast breathing or pulse. Please describe.

Do you know of any heat related deaths? (name) _____

We have received a lot of complaints about "heat restricted" incarcerated being transferred to air-conditioned units, or "cool beds" within Segregation areas of a unit and denied access to numerous privileges. Some are being treated as if they are in solitary or Ad Seg when their classification level is not consistent with segregation restrictions. Therefore, the following questions are designed to investigate this issue

What is your classification level? G1 G2 G3 G4 G5

Has you been moved to Seg area for "cool bed"? Yes No Is there always air conditioning in Ad. Seg? Yes No

Have after being moved to a Seg area have you being denied any of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Dayroom access | <input type="checkbox"/> Physical access to Law Library | <input type="checkbox"/> Marriage Seminars |
| <input type="checkbox"/> Outside recreation | <input type="checkbox"/> Educational Classes | <input type="checkbox"/> Rehabilitation Programs |
| <input type="checkbox"/> Inside recreation | <input type="checkbox"/> Phone privileges | <input type="checkbox"/> Visitation |
| <input type="checkbox"/> Commissary | <input type="checkbox"/> Access to showers | <input type="checkbox"/> Denied water |

JOB

What is your job? _____ Time frame held? _____ How many hours a day do you work? _____

How many days a week do you work? _____ Are you allowed water breaks for your job? Yes No

Please describe any circumstances during work related to the heat conditions? (including sunlight exposure, whether you are given the option not to work, whether requested protections are given, whether adequate water is provided, whether different work is offered, whether other benefits are provided) _____

Are you allowed water breaks for field jobs? Yes No Are you heat sensitive Yes No

Step I Grievance filed (1) Step II Grievance filed (2)

Results from Step I & Step II Grievance _____

Helpful Information - If you become aware of a situation where the TDCJ Heat Directive is not being followed, it should be reported immediately and if not remedied, a Step 1 Grievance should be filed. If a heat situation continues after a Step 1 Grievance has been filed, a Step 2 Grievance should be filed.

If you would like to share any additional information, or have any relevant documentation and/or, have anything you feel may be helpful you write to us at;

Texas Prisons Community Advocates
P. O. Box 1974
Fulton, TX 78382

Thank you! Hopefully your feedback will help to improve the heat conditions within TDCJ.

Texas Prisons Community Advocates P.O. Box 1974 Fulton, TX 78358 TPCAdvocates@gmail.com www.TPCAdvocates.org