

Your Name \_\_\_\_\_

TDCJ Number \_\_\_\_\_

Unit Name \_\_\_\_\_



Date \_\_\_\_\_

Ethnicity \_\_\_\_\_

Birth Date \_\_\_\_\_

TDCJ has begun enforcing its 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 that apply and add any additional information on a separate piece of paper

- No cups
- No bottled water in commissary
- Denied a personal fan (Inmates are allowed 2 personal fans with the exception of Inmates at transfer facilities.)
- No ice
- No electrolytes in commissary
- No access to unit fans
- Broken ice machine
- No cooling towels in commissary
- Broken unit fans
- No water
- No cooling shirts in commissary
- Not being allowed to wear shorts and t-shirts in the dayroom and recreational areas.
- No heat policy posted
- Denied access to respite areas
- Denied access to cold showers
- Health crisis disregarded
- Transported/left in a hot bus
- Denied access to respite areas
- Denied access to cold showers
- No wellness checks being done
- Cold showers not working/ pressure low
- No water breaks while working especially outside jobs

Please describe how often you receive water and the condition of the water. (hot, with or without ice, bugs or mold)

How often are you allowed to take cold showers? \_\_\_\_\_

When not allowed, describe reason given, frequency, time of day, and any other circumstances. \_\_\_\_\_

Have you been denied access to respite areas? If yes, please include why, the date, and who denied you. \_\_\_\_

If granted access to respite areas describe the most recent example, circumstances, conditions, time of day duration. \_\_\_\_\_

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 waive your heat restrictions?  Yes  No Who asked? \_\_\_\_\_

Have you chosen to waive your heat restriction(s)?  Yes  No

Are you prescribed heat-sensitive medication?  Yes  No

Have you been asked to stop taking your medicine?  Yes  No

Did you stop taking your medicines?  Yes  No

Do you have any underlying health conditions such as: diabetes, high blood pressure, or cancer? \_\_\_\_\_

Do you have a heat-related illness? (Describe) \_\_\_\_\_

Have you had a heat-related illness or symptoms of heat exhaustion: dizziness; fainting; heat rash; headache, dizziness, and confusion; loss of appetite and feeling sick; excessive sweating; 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

Have you been moved to a Seg area for a "cool bed"?  Yes  No

Is there always air conditioning in Ad. Seg?  Yes  No

After moving to a Seg area have you been 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? \_\_\_\_\_

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

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

Step I Grievance filed  Step II Grievance filed

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 may write to us at;

Texas Prisons Community Advocates TPCAdvocates@gmail.com

P. O. Box 1974

Fulton, TX 78358