

	LAB USE ONLY Institution/Parole Region: <u>39-3-18-00541</u> Log #: _____ Category: <u>10</u>	
	FOR STAFF USE ONLY	

You are appealing a Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 3094.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>Johnson, Cedric</u>	CDC Number: <u>K-61104</u>	Inm/Cell Number: <u>INF.# 39</u>	Assignment: <u>COND.</u>
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): OBSTRUCTION OF JUSTICE AND CONSPIRACY IN A MURDER PLOTS AGAINST ME BY CATON CC-11(B)

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): CATON CC-11(B) IS ATTEMPTING TO OBSTRUCT & STOP ME FROM EXPOSING A LOT OF THE STAFF THAT'S INVOLVED IN A CONSPIRACY-AND-ATTEMPTS TO MURDER ME (PLEASE SEE S.A.)

B. Action requested (If you need more space, use Section B of the CDCR 602-A): (1) THAT MY 602 ABOUT "MY LIFE IS IN IMMINENT DANGER BY STAFF" PROCEED AS A STAFF COMPLAINT NO 29 18-0046. (2) THAT MY 602 BYPASS THE 1ST LEVEL (PLEASE SEE S.B.)

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory, CDC 128-G, Classification Chrono):

MEMO 6-21-17 FI. WARGEN
4 PAGES NAMES INVOLVED

No, I have not attached any supporting documents. Reason:

FEB 15 2018

Inmate/Parolee Signature: Cedric J. Johnson Date Submitted: 2-11-18

By placing my initials in this box, I waive my right to receive an interview.

SAN QUENTIN APPEALS
 FEB 15 2018
 FEB 26 2018
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 MAR 22 2018

C. First Level - Staff Use Only		Staff - Check One: Is CDCR 602-A Attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
This appeal has been:			
<input checked="" type="checkbox"/> Bypassed at the First Level of Review. Go to Section E			
<input checked="" type="checkbox"/> Rejected (See attached letter for instruction) Date: <u>2/20/18</u> Date: _____ Date: _____			
<input type="checkbox"/> Cancelled (See attached letter) Date: _____			
<input type="checkbox"/> Accepted at the First Level of Review			
Assigned to: _____		Title: _____ Date Assigned: _____ Date Due: _____	
First Level Responder: Completes a First Level response. Include interviewer's name, title, interview date, location, and complete the section below.			
Date of Interview: _____		Interview Location: _____	
Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____			
See attached letter. If dissatisfied with First Level response, complete Section D.			
Interviewer: _____		Title: _____ Signature: _____ Date completed: _____	
(Post name)			
Reviewer: _____		Title: _____ Signature: _____	
(Post name)			
Date received by AC: _____			
		AC Use Only Date mailed/delivered to appellant: <u> / / </u>	

[Handwritten signature]

D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Bypass

Inmate/Parolee Signature: _____ Date Submitted: _____

E. Second Level - Staff Use Only Staff - Check One: Is CDCR 602-A Attached? Yes No

This appeal has been:

- By-passed at Second Level of Review. Go to Section G.
- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter)
- Accepted at the Second Level of Review

Assigned to: SG APPEALS Title: CCII Date Assigned: 2/24/18 Date Due: 4/7/18

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: 2/27/18 Interview Location: SG RFP

Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: M. THOMAS Title: CCII Signature: [Signature] Date completed: 2/27/18

Reviewer: A. Brownfield Title: CCII Signature: [Signature]

Date received by AC: 2-27-2018

AC Use Only Date mailed/delivered to appellant MAR 01 2018

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: _____ Date Submitted: _____

G. Third Level - Staff Use Only

This appeal has been:

- Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ Date: _____ Date: _____
- Cancelled (See attached letter) Date: _____
- Accepted at the Third Level of Review. Your appeal issue is: Granted Granted in Part Denied Other: _____

See attached Third Level response.

Third Level Use Only Date mailed/delivered to appellant 1/11/18 2018

H. Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: _____ Date: _____

Print Staff Name: _____ Title: _____ Signature: _____ Date: _____

1803864	IAB USE ONLY	Institution/Parole Region:	Log #:	Category:
		SQ-S-18-CC5A1	10	10

FOR STAFF USE ONLY

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.
Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <i>Johnson, Cedric</i>	CDC Number: <i>K-6104</i>	Unit/Cell Number: <i>INF. #39</i>	Assignment: <i>COND.</i>
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A. Continuation of CDCR 602, Section A only (Explain your issue): *(Including CALTON OETA who No. # 13 104 on the list. Please see list on 3084.3.) Also, it interferes with my attempt to "Exhaust MY Administrative Remedies", And get "real Collective Action": on 2-9-18 I created MY STAFF COMPLAINTS back (Subject: MY LIFE IS IN IMMINENT DANGER BY STAFF - Log No. SQ-18-0046) CALTON alleged by false Pretense its not a STAFF COMPLAINT, but a Duplicate Grievance (602) TITLE 15 § 3084(6)(C)(2) from a 602 (Subject: TRANSFER UNDER PROT 65 Etc. - SQ-S-18-00314) Not only is it not a Duplicate (Duplicate mean ie, identical items, EXACT COPY etc.) The two 602s are two completely different Subject. To cut the case, The Texsec of CDCR Board had been sent as Copy of my 1st Supporting Documents - 00314) and of other Investigation - 1999. WARDENS AND WARDEN DATES responded. The (2nd Supporting document - 0046) see for dan order Immediate Action - 1. WARDEN DATES response enclosed*

Inmate/Parolee Signature: *Cedric J. Johnson* Date Submitted: *2-11-18*

STAFF USE ONLY

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B. Continuation of CDCR 602, Section B only (Action requested): *And Go STRAIGHT To THE 2nd LEVEL § 3084.7 (A)(2) - (3) CALTON OETA should be removed from responding to my 602s - period. And (4) CALTON ACTION in ConCall with his so-called hiling Authority Luddy Actions should be seriously taken as acts to impede and obstruct JUSTICE. Not to Exclude anyone operating under the Color of Law - despite anyone of any Rights, privileges or IMMUNITIES secured and protected by the Constitution is guilty of a Federal offense! 1st, 5th, 8th, 14th AMEND. Now remove MY Complaints (Supporting documents) was already filed Staff Complaint as you see. § 3084.6 (3)(4)(H)*

Inmate/Parolee Signature: *Cedric J. Johnson* Date Submitted: *2-11-18*

D. Continuation of CDCR 602, Section D only (Dissatisfied with First Level response):

BY PASS

Inmate/Parolee Signature:

Date Submitted:

F. Continuation of CDCR 602, Section F only (Dissatisfied with Second Level response): My positions and issues are clear. My grievances (1) 5-18-00314 (2) 8-18-00446 aren't duplicate (duplicate means i.e. identical, a like, exact) Grievance 3-18-00314 issue is "clearly" asking to be transferred to another prison. (2) The grievance 18-00446 is officially a staff complaint. Issue staff have my life in imminent danger I attached supporting documents that have already been accepted as "staff complaints". In the interests of Fundamental Justice I'm enclosing responses from the administration - order by CDCR SECRETARIES and WARDEN (Ron Davis) that recognizes my staff complaints as staff complaints. (i) MEMORANDUM - SUBJECT Staff Complaint by WARDEN (Ron Davis) dated 4-22-15. (ii) A MEMORANDUM Fr. (G. Forenczak) About Staff Conspiring and attempting to murder me dated: 7-1-15. Note: anytime CDCR staff are conspiring to murder "any" prisoner, that criminal and a staff complaint. MY cancellation should be reversed for grievance 18-00446 & proceed as a staff complaint.

Inmate/Parolee Signature:

Cedric J. Johnson

Date Submitted:

3-15-18

IAB USE ONLY	Institution/Parole Region: <u>SO-18-00446</u>	Log #: <u>29</u>	Category: <u>4</u>
FOR STAFF USE ONLY			

Attach this form to the CDCR 602, only if more space is needed. Only one CDCR 602-A may be used.

Appeal is subject to rejection if one row of text per line is exceeded.

WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

Name (Last, First): <u>Johnson, Cedric</u>	CDC Number: <u>K-61104</u>	Unit/Cell Number: <u>INF.#39</u>	Assignment: <u>COND-</u>
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A. Continuation of CDCR 602, Section A only (Explain your issue): Sadistic ways/please see supporting documents 3084.3 with Staff names officials have shown (A) intentional deliberate indifference to my charges - including some being in collusion with the CONSPIRACY (is use 241-f.c.189) what's been going on is a well-kept secret of (2.a) - 1) Family members retaliation - the (Hightower) - and 2) Staff accepted (a million or more dollars (MURDER-FOR-HIRE) please see 3084.3 documents, I have left interests) - I) not to be threatened to be MURDERED by Staff. II) not to be injured, HARM, SHOT or MURDERED by Staff. III) not to be threatened with being MURDERED in my cell by Staff (by letting Collaborating inmates) out of their cells late at night, IV) not to have Staff tampering with my food (ie: Cell Breakfast, Lunch, Dinner etc.) V) not to have Staff Holidays (Shanks) to inmates etc. 4th 5th 8th + 14 AMENDS. Title 15 § 3001, 3004.2, 3391, (new) Code of Silence Retaliation 33030.19.B.

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Inmate/Parolee Signature: Cedric J. Johnson Date Submitted: 2-5-18

B. Continuation of CDCR 602, Section B only (Action requested): by their names - means the note malicious and Sadistic they were in attempting to MURDER ME. And those names in a position of highest Superior had (A) willful Callous Indifference to what was going on (Collusion). They should be suspended, or forced to transfer, or demoted, or forced to resign, or Fined (Some even jailed.) 2) Cameras should be put in the kitchen, Cafeteria building, EIB, AIC and throughout the Institution. 4) In this age of Digital Artificial Intelligence NEW Method "MUST" be put in place to Counter/miss Collusion-Fraud (eg. Video-Conferences), to Oversight Group, Entities, Family and Staff etc.) 5) I want my food taken for tampering, etc.

Inmate/Parolee Signature: Cedric J. Johnson Date Submitted: 2-5-18

LAB USE ONLY	Institution/Parole Region: Log # <div style="text-align: center; font-size: 1.2em; font-weight: bold;">SQ-S-18-00446</div>	Category: <div style="text-align: center; font-size: 1.2em; font-weight: bold;">29</div>
FOR STAFF USE ONLY		

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, (CCR) Section 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

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Name (Last, First): <i>Johnson J. Cedric</i>	CDC Number: <i>K-61104</i>	Unit/Cell Number: <i>INF. # 39</i>	Assignment: <i>CONA</i>
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State briefly the subject of your appeal (Example: damaged TV, job removal, etc.): *MY LIFE IS IN*

"IMMINENT DANGER" BY STAFF. 4th, 5th, 8th, 11th AMENDMENTS

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A): *MY LIFE IS IN*

*"IMMINENT DANGER" AT SAN QUENTEN (S.Q.) BY HURDLED
 Fedes of Staff - who've been conspiring & attempting
 to MURDER ME by all sort of delayed (Con. 3A)*

B. Action requested (If you need more space, use Section B of the CDCR 602-A): *AGAIN, A OUTSIDE*

*1) FEDERAL AND STATE INVESTIGATIONS - THOROUGH,
 INDEPTH AND SOUND - WITH CONCRETE AND CORREC-
 TIVE ACTIONS. 2) THE NOTE STAKE (S.Q.) (Con. 3A)*

Supporting Documents: Refer to CCR 3084.3.

Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1063, Inmate Property Inventory, CDC 128-G, Classification Chrono):

*MAY 8, JUNE 2017 - 2 Pgs A Four page let w/ staff PRIDE
 3 Pgs JAN 15, 2018 (HUNGER STRIKE) JUNE - 2015. 2 Pgs -*

No, I have not attached any supporting documents. Reason:

FEB 07 2018

Inmate/Parolee Signature: *Cedric J. Johnson* Date Submitted: *2-5-18*

By placing my initials in this box, I waive my right to receive an interview.

SAN QUENTEN APPEALS
 FEB 07 2018
 FEB 26 2018
 AFF USE ONLY
 REC BY OOA
 MAR 22 2018

C. First Level - Staff Use Only This appeal has been: <input type="checkbox"/> Bypassed at the First Level of Review. Go to Section E. <input type="checkbox"/> Rejected (See attached letter for instruction) Date: _____ Date: _____ Date: _____ <input checked="" type="checkbox"/> Cancelled (See attached letter) Date: <i>2-9-18</i> <input type="checkbox"/> Accepted at the First Level of Review. Assigned to: _____ Title: _____ Date Assigned: _____ Date Due: _____ First Level Responder: Complete a First Level response. Include interviewer's name, title, interview date, location, and complete the section below. Date of Interview: _____ Interview Location: _____ Your appeal issue is: <input type="checkbox"/> Granted <input type="checkbox"/> Granted in Part <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____ See attached letter. If dissatisfied with First Level response, complete Section D. Interviewer: _____ Title: _____ Signature: _____ Date completed: _____ <small>(Print Name)</small> Reviewer: _____ Title: _____ Signature: _____ <small>(Print Name)</small> Date received by AC: _____	Staff - Check One: Is CDCR 602-A Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No Date mailed/delivered to appellant ____/____/____
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