Ministry of JUSTICE

National Offender Management Service

Discrimination Incident Reporting Form

Use **this side** of this form to report incidents of discrimination, harassment or victimisation on the basis of; age, disability, gender, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, or sexual orientation.

HMP & YOI Parc (For office use only) Ref:

What is your name? KIRK (MAURICE) Prison No: A7306AT

When did the incident happen? 08:45 01/06/2018

Where did it happen? B WING & RECEPTION OFFICE

What did the incident relate to? (tick all that apply)

- [x] Age
- [ ] Disability
- [ ] Gender
- [ ] Gender reassignment
- [ ] Marriage / Civil Partnership
- [ ] Pregnancy or maternity
- [x] ~~Race~~ ENGLISH
- [x] Religion or belief (SEE DR JEUWYN WILLIAMS REPORT)
- [ ] Sexual orientation

Were you involved? [x] Yes [ ] No, I was a witness only

Who was involved? ALL WING STAFF ON DUTY ASAU ON WING AT RECEPTION MRW AND 4 OTHERS + CCTV BACK ON WING – STILL MORE OFFICERS.

Describe what happened?

1) HARASSED RE ATTENDING HOSPITAL APPOINTMENT
2) CONFISCATION OF CRIMINAL COURT OF APPEAL EXHIBIT AND RESPONSE TO COURT BARRISTER PROVIDED 'CONFIDENTIAL CAO SUMMARY)
3) 10TH TIME REFUSED OUT AND 4TH TIME REFUSED HOSPITAL
4) AGAIN DENIED 18/12/17 DIRF DATA ALSO RELATING TO THIS VULNERABLE MAPPA ABUSE

(You may continue on a separate sheet if necessary; tick here if you have done this: ☐)

What do you think should happen now?

BE ALLOWED TO HAVE PRIVATE IF NEED BE, G/A ENDOSCOPY ASAP – PREFERABLY AT MY EXPENSE IN AN NHS (ENGLAND) HOSPITAL THANKYOU

Signed and dated: KIRK 02/06/2018

Prisoners & Visitors: Please place this form in the box provided. **Please do NOT complete the other side of this form as it is for the investigation process.**

Staff only: Please complete section B on the reverse of this form then place in the box provided.