

SECONDED JUNE 18 122



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?

MAURICE KIRK

Prison No:

A7306AT

When did the incident happen?

10:00 02/06/2018

Where did it happen?

B WING 3rd FLOOR & WING OFFICE

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

☐ Disability

☐ Gender reassignment

☐ Pregnancy or maternity

☒ Religion or belief

☒ Age

☐ Gender

☐ Marriage / Civil Partnership

☒ Race ENGLISH

☐ Sexual orientation

Were you involved?

☒ Yes

☐ No, I was a witness only

Who was involved?

3 NURSES / WING MANAGER

Describe what happened?

ANOTHER DAY OF GUT PAIN WITH SRN ATTENDING THE DAILY SELF ADMINISTRATION SPICE ATTACKS. SAID 'TOO BUSY' TO ATTEND TODAY AS IT WAS A WEEK-END. PRISON FAILURE TO PRODUCE ME TO YESTERDAY'S HOSPITAL APPOINTMENT FOR THE PROBLEM, WAS OF NO CONCERN OF WING MANAGER OR OTHER STAFF IN ATTENDANCE. WING MANAGER SCATHED, REFUSED TO DO ANYTHING EITHER, WHEN REFUSING TO PHOTOGRAPH BOTH SRN EVEN SAID, 'IT IS A WEEK-END, I DON'T CARE'.

What do you think should happen now?

Signed and dated:



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.

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