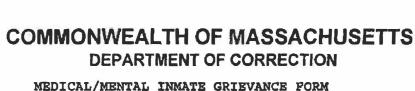
## EXHIBIT 10



MEDICAL/MENTAL INMATE GRIEVANCE FORM FORWARD TO THE HEALTH SERVICE ADMINISTRATOR

Name SCLAF	ANI JOSEPH R GREATER 105735 Institution MCI CEDAR JUNCTION
Commit No. W1	13214 Housing BLOCK 5 Date Of Incident 20190921 Date Of Grievance 20190921
Informal filed Complaint	Yes "Was see 9/20/19 Dr. Humeded put me on Backlafin for my back problem only for 5 day's it helped a lot so I ask her to extend it please she say's no I really
	don't know what to do I am in pain and getting no help I am being treated in human buy her please help me not asking for any serious drug's and do not what to see her anymore she make's no sense and brings religous it to my medical issues and that is a violation."
Remedy Requested	"Please put me back on the backlafin but adjust it to 20mg x2day please and my other meds I have put another grievance in 3 day ago but this needs to stop I have contacted legal service's and the ACHU office not being treated fairly."
Staff Recipient	Struzzieri Dawn M Health Services Administrator
Staff Involved	
Signature	Dawn Styre RV HSA
	RECEIPT BY THE HEALTH SERVICE ADMINISTRATOR
Date Received	20190924 Decision Date 20191022
Signature	Struzzieri Dawn M Health Services Administrator
Final Decision	DENIED
Decision	Mr. Sclafani, I apologize for the delay in a response to your grievance. I have reviewed your grievance and your chart and at this time I will not be approving your grievance. Dr. Hameed explained to you that the Baclofen is used only on a short term basis. She had suggested muscle rub, range of motion exercises and to follow up if that does not help. She also mentioned the possibility of a physical therapy consult if you did not receive relief with the above. Regarding your subutex order, we are only providing subutex here for up to 90 days. If you are sentenced longer than that then we would consider starting you in the Medication Assisted Treatment program in the 90 days prior to your release where you would meet with the re-entry team to determine the best course of treatment for you after release. I urge you to continue to utilize the sick call process to work with your provider to develop a treatment plan that works for you. Thank you.
Signature	Drus 87 AN HSA Date 10/22/19

An appeal must be filled out within 10 working days from receipt of the decision by the HSA or designee. An inmate/patient may file an appeal directly with the Medical Grievance and Appeal Coordinator, by sending it to:

## **COMMONWEALTH OF MASSACHUSETTS** DEPARTMENT OF CORRECTION

Name SCLAFANI JOSEPH R

Institution MCI CEDAR JUNCTION

Commit No. W113214 Housing BLOCK 5

Date Of incident 20190921

Date Of

Grievance 20190921

INMATE RECEIPT

MCI CEDAR JUNCTION

SCLAFANI JOSEPH R

institution

Commit No.

W113214

Grievance# 105735

Date Received 20190924

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Signature.

Struzzieri Dawn M Health Services Administrator

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