DEPARTMENT OF CORRECTIONSDivision of Adult Institutions DOC-400 (Rev. 12/02)

Kon Schilling

TICE TO OFFENDER: The ICE will acknowledge your complaint within 5 working days of the data of received

WISCON Administrative C Chapter DOC

7.23.15

INSTRUCTIONS: SEE REV	ERSE SIDE		TO BE FILLED IN BY ICE ONLY
OFFENDER NAME (If group complaint, enter name of spokesperson) SCHILLING, Ron) DOC NUMBER	DOC COMPLAINT FILE NUMBER
		\$32219	DATE COMPLAINT RECEIVED
INSTITUTION NAME	OFFENDER HOUSING UNIT	CELL OR ROOM NUMBER	
			CODE NUMBER
DATE OF INCIDENT OR DE	NIAL OF REQUEST	49	
·.23.15			
STATE YOUR COMPLAINT			
paying, essentially of due process. Contained or, for cost likely occurs a basis for not cor that matter, eachinery and splittuations which of blemish or odor litimately destroyequiations. This fair reading of	Moreover, there is no that matter, what the pered during transit, as to delivering and subsequent have received mail in otched with grease and occur during bulk mail prous situation. To the yothem is a violation could not possibly have the above policy allows has been afforded and	Il was destroyed without indication as to expressive "threat" was. Transfer from some other antly destroying First of the past which was observed and transit when not deliver said For the destruction of the destruction of the destruction of the intent of DAI	viously caught in the posta -what. There are numberous sich could ostensibly lead to irst Class parcels, and to dikely violative of USP
aterials from th nconscionable. A ade to disappear	ns individual. To in nd I am certain a circui	magine them beiny des t judge would take issu	g legal documents and other troyed in such fashion in the with those documents being purse (as that noted on the
+ is requested the	nis problem be corrected	immediately, without	need to have a circuit judg
mank you for your	time and attention to t	his matter.	
R B		The second secon	To high the approximation of the delay of
ME(S) OF PEOPLE WHO	HAVE INFORMATION ABOUT THIS CO	DMPLAINT	
o Larsen - mailr	oom (signed the form) rmed me to submit this g		
SNATURE OF OFFENDER		An de hije w COL Affection	DATE SIGNED