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SENT VIA FAXES (803) 734-5167 AND USPS CERTIFIED MAIL: 7013 3020 0002 2623 4003

The Honorable Nikki R. Haley, Office of the Governor
C/o Governor Nikki R. Haley
1205 Pendleton Street
Columbia, SC 29201
Telephone: (202) 514-2001

October 5, 2015

RE: REQUEST FOR ASSISTANCE OF THE OFFICE OF THE GOVERNOR OF SOUTH CAROLINA FOR COMPLETING AND FILING A COMPLAINT ALLEGING FAILURE OF DOJ EMPLOYEE TO PROVIDE RIGHTS TO A CRIME VICTIM UNDER THE CRIME VICTIMS' RIGHTS ACT OF 2004 FORM WITH THE U.S. DEPARTMENT OF JUSTICE

Dear Governor Haley:

In an effort for filing reports of criminal wrongdoing against certain ongoing criminal activities in the state of South Carolina, I hereby respectfully submit the following information, and request for assistance:

(1). For years I've been seeking to file reports of criminal wrongdoing with the United States Attorney's Office, District of South Carolina (c/o Ms. Beth Drake). To no avail. To further explain all of this in more detail, I respectfully call your attention to my May 15, 2014, letters with attachments to the United States Attorney's Office, District of South Carolina (c/o Ms. Beth Drake) SENT VIA USPS CERTIFIED MAIL: 7013 2250 0001 4742 8576.

(1a). For years I've been seeking to file reports of criminal wrongdoing with the Federal Bureau of Investigation, Columbia, SC. To no avail. To further explain all of this in more detail, I respectfully call your attention to: (1) my May 15, 2014, letters with attachments to the United States Attorney's Office, District of South Carolina (c/o Ms. Beth Drake) SENT VIA USPS CERTIFIED MAIL: 7013 2250 0001 4742 8576. And (2) my December 21, 2013 letter with attachments to the Federal Bureau of Investigation, Columbia, SC. SENT VIA FAX (803) 551 4324 & USPS CERTIFIED MAIL: 7012 3050 0000 3147 8526.

(1b). It appears as aforementioned in paragraphs 1, and 1a above that U.S. Department Of Justice Employee(s) in the state of South Carolina has failed and/or refused to provide Rights to Crime Victim(s) in South Carolina.

(2). For years I've been seeking to obtain (a Complaint Alleging Failure of DOJ Employee to provide Rights to a Crime Victim Under the Crime Victims' Rights Act of 2004 Form) from the DOJ Executive Office for United States Attorneys, Freedom of Information & Privacy Staff. C/o Ms. Susan B. Gerson, Assistant Director, so that I may file a complaint alleging failure of U.S. Department Of Justice Employee(s) (in the state of South Carolina) to provide Rights to a Crime Victim in the state of South Carolina.

(2a). On or about August 13, 2015, I received a Complaint Alleging Failure of DOJ Employee to provide Rights to a Crime Victim Under the Crime Victims' Rights Act of 2004 Form from the DOJ Executive Office for United States Attorneys, Freedom of Information & Privacy Staff, C/o Ms. Susan B. Gerson, Assistant Director. A copy of the Complaint Alleging Failure of DOJ Employee to provide Rights to a Crime Victim Under the Crime Victims' Rights Act of 2004 Form is attached hereto and incorporated herein by reference.

REQUEST

(3). I HEREBY RESPECTFULLY REQUEST THE ASSISTANCE OF THE OFFICE OF THE GOVERNOR OF SOUTH CAROLINA, FOR COMPLETING AND FILING A COMPLAINT ALLEGING FAILURE OF U.S. DEPARTMENT OF JUSTICE EMPLOYEE (S) (IN THE STATE OF SOUTH CAROLINA) TO PROVIDE RIGHTS TO A CRIME VICTIM UNDER THE CRIME VICTIMS' RIGHTS ACT OF 2004 FORM.

(3a). WHEREFORE, I MAY SEEK TO FILE REPORTS OF CRIMINAL WRONGDOING WITH THE FEDERAL BUREAU OF INVESTIGATION, COLUMBIA, SC., AND/OR WITH THE UNITED STATES ATTORNEY'S OFFICE, DISTRICT OF SOUTH CAROLINA.

(4). Total number of pages included in this fax is five (5).

(5). Should you have any questions or require additional information, please contact me as provided below.

Respectfully submitted,

Mr. Rayfield Grant
C/o SFC Charles E. Grant, U.S. Army, Ret.
P.O. Box 393
Pawleys Island, SC 29585
Tel: (843) 325-7696

SWORN TO AND SUBSCRIBED BEFORE
ME THIS 5 DAY OF OCT, 2015

NOTARY PUBLIC





FOR OFFICE USE ONLY	
DATE RECEIVED:	_____
CASE NUMBER:	_____

COMPLAINT
**ALLEGING FAILURE OF DEPARTMENT OF JUSTICE EMPLOYEE
 TO PROVIDE RIGHTS TO A CRIME VICTIM UNDER
 THE CRIME VICTIMS' RIGHTS ACT OF 2004**

<p><i>Return the signed complaint, including any additional pages or documents, directly to the Department of Justice component, or local United States Attorney's Office, that is named in your complaint. If you do not know where to send the complaint, you may send it directly to the Office of the Victims' Rights Ombudsman, who will forward your complaint to the office that is the subject of your complaint.</i></p>	<p>Victims' Rights Ombudsman Executive Office for United States Attorneys Department of Justice 2261 RFK Main Justice Building 950 Pennsylvania Ave., N.W. Washington, DC 20530-0001 Fax: (202) 252-1011</p>
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This Complaint form is not designed for the correction of specific victims' rights violations, but is instead to request corrective or disciplinary action against Department of Justice employees who may have failed to provide or have violated the rights of a crime victim under the Crime Victims' Rights Act of 2004. A crime victim includes any person who has been directly and proximately harmed as a result of the commission of a Federal offense or an offense in the District of Columbia.

All complaints must be submitted within sixty (60) days of the victim's knowledge of a violation by the Department of Justice employee, but not more than one year after the actual violation. Receipt of complaints will be acknowledged in writing.

The information provided herein will be used along with other information developed during the investigation to resolve or otherwise determine the merits of this complaint. The information may be furnished to designated officers and employees of agencies and departments of the Federal Government in order to resolve or otherwise determine the merits of this complaint.

Please check the box that applies to the person filing this complaint.

- | | |
|---|--|
| <input type="checkbox"/> Victim | <input type="checkbox"/> Attorney representing victim |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Other representative (describe) _____ |

Name, phone number and relationship to victim of person completing this form (if not the victim).

Is the victim represented by an attorney in this complaint? Yes No

If yes, please provide the attorney's name and contact information. All future contacts with the victim regarding this complaint will be made through the attorney.

1. **PERSONAL INFORMATION ABOUT THE VICTIM**

First Name:		Middle Name:			Last Name:	
Title:	Mr. ___	Mrs. ___	Ms. ___	Miss ___	Other ___	
Street Address:						
City:		State:		Country:		Zip Code:
Home Telephone No:			Work Telephone No:		Cell Phone No:	
Email Address:						

2. **INFORMATION ABOUT THE CRIMINAL CASE**

The following section requests important information about the criminal investigation or case in which you are a victim. Please provide as much information as you can.

Stages of the Criminal Justice Process - Select most recent event:							
<input type="checkbox"/> Investigation	<input type="checkbox"/> Arrest	<input type="checkbox"/> Arraignment	<input type="checkbox"/> Preliminary Hearing	<input type="checkbox"/> Guilty Plea	<input type="checkbox"/> Trial	<input type="checkbox"/> Sentencing	<input type="checkbox"/> Parole Hearing
<input type="checkbox"/> Other _____							
Defendant(s) Name(s):							
Case Number:			District Court:			Judge:	

3. **INFORMATION ABOUT THE VICTIM'S COMPLAINT**

What is the location and name of the office(s) or organization(s) of the Department of Justice that is/are the subject of your complaint?

Is the victim represented by an attorney in this complaint? Yes No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the right(s) about which you are complaining.

5. **PRIOR NOTIFICATION TO THE DEPARTMENT OF JUSTICE**

Although you are not required to do so, did you notify the Department of Justice employee, or any employee of the office described above, of the alleged violation before filing this complaint? Yes No

If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the Department of Justice employee or any employee of the office described above; the name, address and telephone number of the person with whom you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve your complaint. You may attach additional pages or documents to this complaint.

6. **OTHER RELEVANT INFORMATION**

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

The information set forth herein is true and correct to the best of my knowledge.

Signature: _____ Date: _____
(Must be signed by Victim)

If the crime victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guardian of the crime victim or the representative of the crime victim's estate, family member, or any other person appointed by the court. Please check all that apply to the victim:

- Under 18 years of age Incapacitated Incompetent Deceased

Signature: _____ Date: _____