PP 4030.1
Attachment D

DOC Staff: Print Name:_____ Signature: _____ Date:_____

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
20220420-921

STEP 2: FORMAL GRIEVANCE (To be completed by Inmate)
- Inmate has five (5) days after receiving response to Informal Resolution to submit Formal Grievance form.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within fifteen (15) business days.

INMATE NAME:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	C2B	4/13/22

SELECT DEPARTMENT/SERVICES:

o Facility Transfer	o Property	o Facilities Management
o Fire Safety and Sanitation /Risk Management	o Sentence computation, jail credit, over detention	o Discrimination
o Program and Activities	o Finance	o Transportation
o Personal Hygiene	o Rules and Regulations	o Safety and Security
o Case Management Services	o Staff Treatment	✓ Other
✓ Health Care	o Food Service	
o Communications (mail, visits, telephone,	o Religious Services	

FOR INMATE: Has this issue been resolved? YES ☐ or NO ☑ If no, check the "NO" box and place this form in the housing unit IGP Box with a copy of the INFORMAL RESOLUTION FORM WITH RESPONSE.

REASON NOT RESOLVED: In response to Informal Grievance # 20220330-526: My mental health appointment on 3/25/22 lasted 3-5 minutes, and was ONLY to schedule an appointment with the therapist. My mental health appointment on 3/30/22 was with the therapist, and only lasted around 10 minutes. I spoke for the majority of the time, explained about my PTSD and conditions of confinement, and was told that there "Is no long term mental health therapy at DC DOC." The therapist said she would check in with me

INMATE SIGNATURE: _____ DATE: 4/13/22

*** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than _____.

DOC RESPONSE: Inmate Nichols has been seen on 3/25/22 + 3/30/22 for evaluation. Per Bruce Reid, she will schedule a follow up appointment to discuss long term therapy options. Grievance resolved.

PRINT RESPONDER NAME: DeVora Jones RESPONDER SIGNATURE: DeVora Jones DATE: 4/20/22

DEPARTMENT: OHSA MANAGER NAME: Beth Jordan MANAGER SIGNATURE: BJ

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: 4/20/2022

Witnessed By: Sgt Kenneth Harrison U.S. Army ret

In 2 weeks, As an honorably discharged Marine Corps veteran with PTSD, I need and deserve more help than 10 minutes every 2 weeks of mental Health care. Also, Manager Names, etc not filled out correctly.

Original – IGP Coordinator
Copy 1 – Inmate Response
Copy 2 – Inmate

12/2019