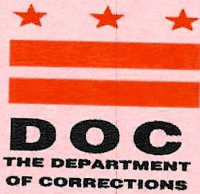


DOC Staff: Print Name: _____ Sign Name: _____ Date: _____ PP 4030.1 Attachment F



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**WARDEN'S ADMINISTRATIVE
REMEDY FORM**

TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR
IGP NUMBER:

#

STEP 3: REQUEST FOR WARDEN'S ADMINISTRATIVE REMEDY

- Inmate has five (5) days from receipt of Formal Grievance response to submit request.
- Place this form in the housing unit IGP box. The Warden will issue a response to the grievance within fifteen (15) business days of receipt.
- If the issue has not been resolved, inmate has five (5) business days from receipt of response from the Warden to submit an Appeal - Deputy Director Form with ALL prior responses attached and placed in the IGP Box.

INMATE NAME: Ryan Nichols DCDC#: 376745 UNIT: C2B DATE: 4/21/22
SMU-A

REASON FOR APPEAL: In response to IGP (Formal) # 20220420-926, I
was not seen for evaluation on 3/25/22. That was to schedule my appointment
with a therapist on 3/30/22. On 3/30/22, I was told there was no long
term mental health treatment at DC DC, but would be checked in again in 2
weeks. Today, 3 weeks later, I have still not been checked in on, and
my conditions of confinement have become worse, triggering my anxiety and depression
that comes with my diagnosed PTSD. My Mental Health Medication was not
delivered this morning, even though I asked for it multiple times. I am also now
sitting in solitary confinement in segregation as punishment for not signing a form
INMATE SIGNATURE: _____ DATE: 4/21/22

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

WARDEN'S RESPONSE: _____

WARDEN SIGNATURE: _____ **DATE:** _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** _____