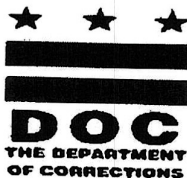


RECEIVED
4/28/2022COMPLETED
4/29/2022RECEIVED
APR 25 2022PP 4030.1
Attachment C

DOC Staff: Print Name _____

Sign Name _____

Date _____

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION
COMPLAINT FORMTO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR

IGP NUMBER:

22090716-282

STEP 1: INFORMAL RESOLUTION (To be completed by Inmate)

- Inmate has five (5) days after triggering incident to submit request.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within seven (7) business days.

INMATE NAME:

Ryan Nichols

DCDC#:

376795

UNIT:

C-2B

DATE:

4/20/22

SELECT DEPARTMENT/SERVICES NEEDED:

- ☐ Facility Transfer
- ☐ Fire Safety and Sanitation /Risk Management
- ☐ Program and Activities
- ☐ Personal Hygiene
- ☐ Case Management Services
- ☒ Health Care
- ☐ Communications (mail, visits, telephone, legal)

- ☐ Property
- ☐ Sentence computation, jail credit, over detention
- ☐ Finance
- ☐ Rules and Regulations
- ☐ Staff Treatment
- ☐ Food Service
- ☐ Religious Services

- ☐ Facilities Management
- ☐ Discrimination
- ☐ Transportation
- ☐ Safety and Security
- ☐ Other

DATE OF INCIDENT: 4/20/22 TIME OF INCIDENT: All Day OFFENDER: DC DOC

REASON FOR COMPLAINT: On 3/30/22, I was seen at mental Health after multi medical requests and a grievance submitted. The meeting with the therapist lasted all of 10 minutes, and consisted of mainly me talking about my PTSD, conditions of confinement, and asking for long term mental health care. I was told by the therapist that there was no long term mental health care, and she would have.

INMATE SIGNATURE: _____

DATE: 4/20/22

back in 2 weeks for a "check-up". 4/13/22 was 2 weeks, and we are now on

*** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than 4/29/2022

DOC RESPONSE:

Seen for mental Health follow-up appointment 4/27/2022, assessment plan was completed and will be returned to open population. Grievance Resolved

PRINT RESPONDER NAME: _____

RESPONDER SIGNATURE: _____

DATE: 4/29/2022

DEPARTMENT: _____

MANAGER NAME: COVID-19

MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____

DATE: 5/3/2022

Week 3 with no mental Health "check-up." As I told the therapist, I feel that my mental Health here is being neglected, and this is further proof of that happening. I also feel this is retaliatory due to IGP's on time.