RECEIVED 4/28/2022 COMPLETED 4/29/2022

DOC Staff: Print Name _____ Sign Name _____ Date _____

RECEIVED APR 25 2022 By _____

PP 4030.1
Attachment C

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO 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:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	C-2B	4/20/22

SELECT DEPARTMENT/SERVICES NEEDED:

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	o Other
✓ Health Care	o Food Service	
o Communications (mail, visits, telephone, legal)	o Religious Services	

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

INMATE SIGNATURE: _____ DATE: 4/20/22

*** 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 Gen 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 file

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

Revised 3/2019