



DOC Staff: Print Name: _____

Signature: _____

Date: _____

PP 4030.1
Attachment DDISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE
FORMTO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR
IGP NUMBER:

20220420-924

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

SELECT DEPARTMENT/SERVICES:

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

- ☐ 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

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, he will check 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: DHSA MANAGER NAME: BETH Jordan MANAGER SIGNATURE: BQ
INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: 4/20/2022

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