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:
#_____

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:

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

INMATE SIGNATURE: _____ DATE: 4/13/22

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

DOC RESPONSE: _____

PRINT RESPONDER NAME: _____ RESPONDER SIGNATURE: _____ DATE: _____

DEPARTMENT: _____ MANAGER NAME: _____ MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____

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