DOC Staff: Print Name_____ Sign Name_____ Date _____

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#_____

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	C2B	4/13/22

SELECT DEPARTMENT/SERVICES NEEDED:

○ 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, legal)	○ Religious Services	

DATE OF INCIDENT: 4/13/22 **TIME OF INCIDENT:** Lunch Trays **OFFENDER:** DC DOC / Aramark

REASON FOR COMPLAINT: The Jewish Kosher meals and Muslim Halal meals are noticeably better quality meals than Regular & Diet Meals. Since arriving at DC DOC, I gained 30-40+ lbs, and have since gone on the Diet Meal instead of Regular Meal. The food on the diet meals for the Majority of days is the same main entree and sides, just in smaller portions as the Regular Meal. I would like a higher quality meal since they are available, even if its in a smaller portion. I deserve access to higher quality / higher nutritional Meals just the same as Jewish & Muslim inmates.

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:** _____