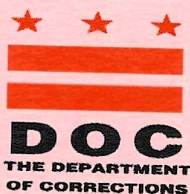


DOC Staff: Print Name: _____ Signature: _____ Date: _____



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: Ryan Nichols DCDC#: 376795 UNIT: C2B DATE: 3/8/22

SELECT DEPARTMENT/SERVICES:

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> ○ Facility Transfer ○ Fire Safety and Sanitation /Risk Management ○ Program and Activities ○ Personal Hygiene ○ Case Management Services ○ Health Care ☒ Communications (mail, visits, telephone, | <ul style="list-style-type: none"> ○ Property ○ Sentence computation, jail credit, over detention ○ Finance ○ Rules and Regulations ○ Staff Treatment ○ Food Service ○ Religious Services | <ul style="list-style-type: none"> ○ 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 IGP# 22092786-088:
Major Talley's response was that CTF is not setup for
video visits, but Lieutenant D. Dowery Sr. said that CTF
does have video visit capabilities, and does them in D Pod.
I would like to be afforded an opportunity to see my family
by video since this facility does not allow my family (wife
& 2 young children) to visit in person. See Informal Grievance for

INMATE SIGNATURE: _____ DATE: 3/8/22

*** 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: _____