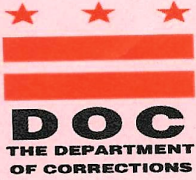


DOC Staff: Print Name _____ Sign Name _____ Date _____



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: <u>Ryan Nichols</u>	DCDC#: <u>376795</u>	UNIT: <u>C2B</u>	DATE: <u>5/28/22</u>
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SELECT DEPARTMENT/SERVICES NEEDED:

- | | | |
|--|--|--|
| <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, legal) | <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 |
|--|--|--|

DATE OF INCIDENT: 5/1/22 - 5/25/22 **TIME OF INCIDENT:** All Day **OFFENDER:** DC DOC

REASON FOR COMPLAINT: My discovery was not available to view from 5/1/22 through 5/25/22 on the clear tablet. My trial was pushed until November specifically so I could view my discovery and have access to it on these clear tablets. This is to keep proof of this happening, and hindering my ability to prepare for trial.

INMATE SIGNATURE: [Signature] **DATE:** 5/28/22

***** 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:** _____