DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS

DENIAL OF INMATE IGP FORM

TO BE COMPLETED BY THE INMATE GRIEVANCE COORDINATOR

IGP NUMBER:
20220527-613

TO: INMATE NAME AND DOC NUMBER	FACILITY: CTF	DATE OF IGP 05/20/2022
RYAN NICHOLS-376795		
HOUSING ASSIGNMENT: C2B		
DATE IGP RECEIVED:05/24/2022	DATE IGP RETURNED: 05/27/2022	

THE ATTACHED IGP IS BEING RETURNED TO YOU BECAUSE YOU HAVE FAILED TO COMPLY WITH THE ADMINISTRATIVE PROCEDURES FOR POLICY PP 4030.1, "INMATE GRIEVANCE PROCEDURES." THIS GRIEVANCE IS BEING RETURNED FOR THE FOLLOWING REASON(S):

This grievance concerns a Classification or Disciplinary Hearing action. These types of actions are to be appealed through their own appeal process and not through the grievance process.

_____ There is no indication that you were personally affected by a Department or facility action or policy/procedure.

_____ This grievance appears to be on behalf of a group and group grievances are not permitted.

_____ This grievance is not signed and/or dated and/or does not include your commitment name and DOC number.

___ ___ This grievance contains multiple issues. Grievances are to address only one (1) issue unless there is a direct relationship between multiple issues. You may submit separate grievances for the separate issues.

_____ This grievance is not legible, understandable, presented in a courteous manner .

_____ This grievance concerns an issue that cannot be resolved by the Department of Corrections because the issue is beyond the authority of the Department. This issue may be addressed to:

_____ This grievance/appeal was not submitted within the five (5) day time frame. Unless you can show just reason(s) for this delay, this grievance/appeal will not be reviewed.

_____ The issue in this grievance is addressed in Grievance # -----

_____ ~~This grievance exceeds the number of active grievances that you are allowed to have in the system five (5). To proceed with this grievance, you must withdraw at least one (1) currently pending grievance.~~

_____ Other: This grievance is an abuse of the grievance process with an excessive filing of grievances, filing frivolous or fraudulent grievances, filing grievances concerning non-grievable issues, intentionally filing emergency grievances that are non-emergencies, and/or repeatedly refusing to follow the grievance procedures. The filing of more than five (5) grievances in a week or 20 or more grievances in any 180 consecutive days may be considered excessive and may be determined to be abusing the grievance procedure) and will not be considered until all pending grievances have been resolved.

___ ___ X Other: According to posted IGP step program posted on your unit, you will need to provide the following with the next step "Place the Formal form with the Informal response.

PRINTED NAME OF IGP COORDINATOR:	SIGNATURE OF IGP COORDINATOR:	DATE OF RESPONSE:
T.CAMPBELL	T. Campbell	05/27/2021

If you wish to proceed with this grievance, you have five (5) business days from the date of response to initiate an informal grievance, if not already done, or to return the corrected grievance to the IGP Coordinator in the IGP box.