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

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By

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Attachment D

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**INMATE FORMAL GRIEVANCE FORM**

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
**IGP NUMBER:**
# 20220527-603

**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: 5/20/22 |
|---|---|---|---|

SELECT DEPARTMENT/SERVICES:

| | | |
|---|---|---|
| o Facility Transfer | ✓ Property | o Facilities Management |
| o Fire Safety and Sanitation /Risk Management | o Sentence computation, jail credit, over detention | o Discrimination |
| o Program and Activities | o Finance | o Transportation |
| o Personal Hygiene | o Rules and Regulations | o Safety and Security |
| o Case Management Services | o Staff Treatment | o Other |
| o Health Care | o Food Service | |
| ✓ Communications (mail, visits, telephone, | o 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 IGP's written on 5/10/22 that have not been answered in the 7 business days according to policy: I am escalating this IGP about my mail, legal documents, IGP responses, and legal mail that was taken and not returned until 4 days after I returned to C2B. I was told it wasn't here, and then it appeared only after I grieved about the process. I should not have had my legal docs, etc taken from me for almost a month.

INMATE SIGNATURE: _____ DATE: 5/20/22

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

**DOC RESPONSE:** Non-grievable - See attached

PRINT RESPONDER NAME: [illegible] RESPONDER SIGNATURE: _____ DATE: 5/27/22

DEPARTMENT: PCM MANAGER NAME: COVID-19 MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: 5/27/22

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

12/2019