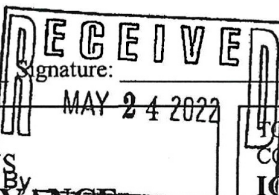




DOC Staff: Print Name: _____



Signature: _____

Date: _____

PP 4030.1
Attachment DDISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE
FORMTO 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:

- ☐ Facility Transfer
- ☐ Fire Safety and Sanitation /Risk Management
- ☐ Program and Activities
- ☐ Personal Hygiene
- ☐ Case Management Services
- ☐ Health Care
- ☒ Communications (mail, visits, telephone,

- ☒ Property
- ☐ Sentence computation, jail credit, over detention
- ☐ Finance
- ☐ Rules and Regulations
- ☐ Staff Treatment
- ☐ Food Service
- ☐ Religious Services

- ☐ 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 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:

K. Miller

RESPONDER SIGNATURE:

[Signature]

DATE:

5/27/22

DEPARTMENT:

PCM

MANAGER NAME:

COVID-19

MANAGER SIGNATURE:

[Signature]

INMATE GRIEVANCE COORDINATOR SIGNATURE:

[Signature]

DATE:

5/27/22