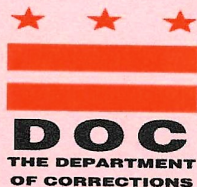


DOC Staff: Print Name _____ Sign Name _____ Date _____

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:

DCDC#:

UNIT:

DATE:

Ryan Nichols

376795

C2B

6/20/22

SELECT DEPARTMENT/SERVICES NEEDED:

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

- ☐ 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

DATE OF INCIDENT: 6/20/22 TIME OF INCIDENT: All Day OFFENDER: Deputy Warden JonesREASON FOR COMPLAINT: The IGP process is broken. I have responses that have to be submitted in a timely manner per policy, but do not have the IGP forms to submit an IGP escalation. I, along with others have asked (begged) for IGP forms for the past 10+ days, but are being refused the STEP 3 & STEP 4 IGP forms. All officers working this unit, including LT Bruce, have been asked to bringINMATE SIGNATURE: _____ DATE: 6/20/22IOPS. I have responses stating I have to respond in time according to IGP policy, but the***** 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: _____