DOC Staff: Print Name_____ Sign Name_____ Date _____

DOC
THE DEPARTMENT OF CORRECTIONS

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 | ○ Property | ○ Facilities Management |
| ○ Fire Safety and Sanitation /Risk Management | ○ Sentence computation, jail credit, over detention | ○ Discrimination |
| ○ Program and Activities | ○ Finance | ○ Transportation |
| ○ Personal Hygiene | ○ Rules and Regulations | ○ Safety and Security |
| ○ Case Management Services | ○ Staff Treatment | ✓ Other |
| ○ Health Care | ○ Food Service | |
| ○ Communications (mail, visits, telephone, legal) | ○ Religious Services | |

**DATE OF INCIDENT:** 6/20/22 **TIME OF INCIDENT:** All Day **OFFENDER:** Deputy Warden Jones

**REASON 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 bring IGPS. I have responses stating I have to respond in time according to IGP policy, but the Jail is once again making the IGP process impossible to complete. I felt I should be given extended time to escalate IGPs.

**INMATE SIGNATURE:** _____ **DATE:** 6/20/22

***** 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:** _____

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