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

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#_____

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:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	C2B	6/10/22

SELECT DEPARTMENT/SERVICES:

○ 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,	○ 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 # 20220527-624: (1-) This IGP was not submitted in 7 business days of original filing, so I took it to a formal already. (2-) T. Campbell literally marked through the informal IGP and showing "7" and marked "15" in her own writing. (3-) Major Talley received 2 copies of the IGP in question on 5/24/22 after coming in the unit and me showing the IGP and what happened. She also took a picture on her phone. (4-) If the IGP's were filled out correctly on the bottom, instead of [illegible]

INMATE SIGNATURE: _____ DATE: 6/10/22

*** **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: _____

without correct information, then full accountability would happen. (5-) You may not have the copies, but I have the original and the marked through copy in my attorneys hands already. Prepare for legal litigation.

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