DOC Staff: Print Name: _____ Sign Name: _____ Date: _____ Attachment G

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
APPEAL – DEPUTY DIRECTOR FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#

STEP 4: APPEAL – DEPUTY DIRECTOR

- Inmate has five (5) days from receipt of Wardens Administrative Remedy response to submit request.
- Place this form in the housing unit IGP box. The respective Deputy Director will respond within twenty-one (21) business days of receipt.

SECTION A: To be completed by Inmate (Only)

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

REASON FOR APPEAL: In Response to Deputy Director Response on 6/9/22: Of the 6 dates mentioned in your response, I was actually only SEEN & "HELPED" by mental health 2 of those dates (4/27 & 5/11). I was not seen by mental health on 5/6, even though I requested to be seen on 5/5 & 5/6. Mental Health was not available, and the doctor/nurse that saw me only asked whether I was suicidal or not, and sent me to a worsened conditioned cell than I was in at SMU-A. On 5/7 & 5/8 I was only asked questions through a glass for everyone around to hear. The main question being "are you still feeling suicidal?" The same basically happened on 5/9. Mental healthcare once a month for documented PTSD for 10-15 minutes is not satisfactory enough.

INMATE SIGNATURE: _____ DATE: 6/10/22

SECTION B: To be completed by DOC (Only)

Provide response to IGP Coordinator no later than _____.

DEPUTY DIRECTOR RESPONSE: _____

AREA: _____

DEPUTY DIRECTOR SIGNATURE: _____ **DATE:** _____

- **THIS IS THE FINAL LEVEL OF REVIEW IN THE DC DEPARTMENT OF CORRECTIONS.**

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