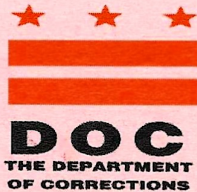


DOC Staff: Print Name: \_\_\_\_\_ Sign Name: \_\_\_\_\_ Date: \_\_\_\_\_ Attachment G



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 6/17/22

**REASON FOR APPEAL:** In Response to IGP (wardens) # 20220527-609:

The reason I am bringing this issue up is due to DC DOC refusing to give a reason or explanation to a situation that became dangerous and affected me directly, and also resulted in the termination of a Lieutenant. This facility asks for copies of our IGP's, then purposefully doesn't answer, stripping us of our copies and ability to follow up. I demand answers to these issues, and am keeping a paper trail to show that

INMATE SIGNATURE: \_\_\_\_\_

DATE: 6/11/22

**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.