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

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	6/1/22

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 effected me directly, and also resulted in the termination of a Lieutenant. This facility asks for copies of our IGP's, then purposely 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 this jail would rather ignore issues that need correcting rather than confront and fix the issues at hand.

INMATE SIGNATURE: _____ DATE: 6/1/22

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