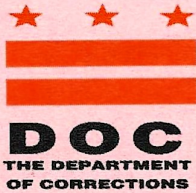


DOC Staff: Print Name: _____ Sign Name: _____ Date: _____ Attachment G



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

CZB

6/1/22

REASON FOR APPEAL: In response to Wardens Iap # 20220527-604:

The reason I am appealing to the deputy director is due to DC DOC refusing to respond to these issues, even when multiple IAPs have been submitted on the issue. I submit copies per policy, then have my copy taken, and never receive a response, effectively stripping me of my paper trail on legitimate security and safety issues on this jail. The jail would rather try to use a "loophole" to not answer legitimate issues, all while turning a blind

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.

eye to officers and staff who break their own policy, and also act criminal. This is negligence and complete