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	6/1/22

REASON FOR APPEAL: In response to Wardens Iap # 20220527-604: The reason I am appealing to the deputy director is d.e 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 eye to offices and staff who break their own Policy, and also act criminal. This is negligence and complete

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