DOC Staff: Print Name_____ Sign Name_____ Date _____

PP 4030.1
Attachment C

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#_____

STEP 1: INFORMAL RESOLUTION (To be completed by Inmate)

- Inmate has five (5) days after triggering incident to submit request.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within seven (7) business days.

INMATE NAME:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	C2B	7/8/22

SELECT DEPARTMENT/SERVICES NEEDED:

- ○ Facility Transfer
- ○ Fire Safety and Sanitation /Risk Management
- ○ Program and Activities
- ○ Personal Hygiene
- ○ Case Management Services
- ○ Health Care
- ○ Communications (mail, visits, telephone, legal)
- ○ Property
- ○ Sentence computation, jail credit, over detention
- ○ Finance
- ○ Rules and Regulations
- ○ Staff Treatment
- ○ Food Service
- ○ Religious Services
- ✓ Facilities Management
- ○ Discrimination
- ○ Transportation
- ○ Safety and Security
- ✓ Other

DATE OF INCIDENT: 7/8/22 **TIME OF INCIDENT:** All Day **OFFENDER:** Deputy Warden Jones

REASON FOR COMPLAINT: This is day 3-4 that the AC has been out. This heat is making me have ongoing headaches, loss of sleep, and is downright unbearable. I am drinking close to 100+ oz of water each day just to keep hydrated. Last night, I could not sleep, and laid in a pool of my own sweat for hours before finally passing out from the heat exhaustion.

INMATE SIGNATURE: _____ **DATE:** 7/8/22

We are humans. The vents should not be blowing heat in July.

***** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than_____.**

DOC RESPONSE: _____

PRINT RESPONDER NAME: _____ **RESPONDER SIGNATURE:** _____ **DATE:** _____

DEPARTMENT: _____ **MANAGER NAME:** _____ **MANAGER SIGNATURE:** _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** _____

Witnessed By: Kenneth Harrelson

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

Revised 3/2019