



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:

Ryan Nichols

DCDC#:

376795

UNIT:

C2B

DATE:

7/7/22

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: 7/6/22 TIME OF INCIDENT: All Day OFFENDER: Deputy Warden Jones

REASON FOR COMPLAINT: The A/C has been out for 2-3 days. When an officer checked the temperature of C2B a few days ago, the temperature measured 80-81 degrees in the coolest area of the pod in front of the fan. The cells are easily 5-10+ degrees hotter, making it almost unbearable to be confined. These bricks feel like flames cooking us, and hot air is blowing from the vents.

INMATE SIGNATURE: _____ DATE: 7/7/22

We have informed offices, and maintenance has been called, but nothing has been

***** 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: _____

resolved. I am having difficulty sleeping, am sweating excessively, have headaches, and need more relief. Please.