DOC Staff: Print Name: _____ Sign Name: _____ Date: _____ PP 4030.1 Attachment G

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	7/5/22

REASON FOR APPEAL: In response to my step 1 written on 4/20/22, step 2 written on 5/13/22, step 3 written on 6/8/22 about mental health checkups. The step 3 was not responded to, so I am appealing to the Deputy Director. This particular issue has not been responded to by DOC in a manner that is truthful, nor in a constructive way. I've been writing about this same issue all year. At some point, someone in this administration has to take responsibility to do right by other human beings.

INMATE SIGNATURE: _____ DATE: 7/5/22

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

12/2019