DOC Staff: Print Name:_____ Signature: _____ Date:_____

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

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

STEP 2: FORMAL GRIEVANCE (To be completed by Inmate)

- Inmate has five (5) days after receiving response to Informal Resolution to submit Formal Grievance form.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within fifteen (15) business days.

INMATE NAME: Ryan Nichols	DCDC#: 376795	UNIT: C2B	DATE: 5/20/22

SELECT DEPARTMENT/SERVICES:

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

FOR INMATE: Has this issue been resolved? YES ☐ or NO ☑ If no, check the "NO" box and place this form in the housing unit IGP Box with a copy of the INFORMAL RESOLUTION FORM WITH RESPONSE.

REASON NOT RESOLVED: In Response to Informal IGPs written on 5/10/22 that have not been answered in the 7 business days according to policy: I am escalating this IGP about my mail, legal documents, IGP responses and legal mail that was taken and not returned until 4 days after I returned to C2B. I was told it wasn't here, and then it appeared only after I grieved about the process. I should not have had my legal docs, etc taken from me for almost a month.

INMATE SIGNATURE: _____ DATE: 5/20/22

*** **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: _____

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