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:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	C2B	5/19/22

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 IGP # 20220512-289: You can check the cameras on 5/5/22, and see the time LT Allen approached my cell and this interaction took place. You can also check cameras to see when the shift officer approached my cell shortly after. I informed LT Allen and the shift officer I was suicidal. I informed the nurse the next morning as well. I also requested mental health care on 5/5/22, and was told I would see someone, and never did. On 5/6/22, almost 24 hours later, I finally told 2-3 more officers I needed mental health help, and was still suicidal. One was officer Somarriba, to be got me directly to mental health that I spoke with 5/9/22.

INMATE SIGNATURE: _____ DATE: 5/19/22

*** **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