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

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: 5/18/22 |
|---|---|---|---|

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 # 2209716-259: I received a response that the issue was "Non-Grievable" and "See attached". The attachment said that this issue was resolved in IGP# 2209716-260. I have not received an IGP # 2209716-260. I look forward to receiving that IGP with the answer attached to my issue in question.

INMATE SIGNATURE: _____ DATE: 5/18/22

*** **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