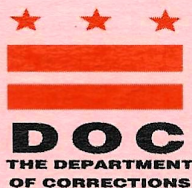


DOC Staff: Print Name: _____ Signature: _____ Date: _____



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: <u>Ryan Nichols</u>	DCDC#: <u>376795</u>	UNIT: <u>C2B</u>	DATE: <u>5/18/22</u>
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SELECT DEPARTMENT/SERVICES:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> ○ Facility Transfer ○ Fire Safety and Sanitation /Risk Management ○ Program and Activities ○ Personal Hygiene ○ Case Management Services ○ Health Care ○ Communications (mail, visits, telephone, | <ul style="list-style-type: none"> ○ Property ○ Sentence computation, jail credit, over detention ○ Finance ○ Rules and Regulations ○ Staff Treatment ○ Food Service ○ Religious Services | <ul style="list-style-type: none"> ○ Facilities Management ○ Discrimination ○ Transportation ○ Safety and Security ○ Other |
|---|--|---|

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's written on 5/1/22 & 5/2/22 (electronic IGP). The 7+ business days have passed, and my IGP's on this issue were not answered and addressed. My water in my cell was turned off for 20+ hours because the officers were punishing the inmate next to me for "possibly flooding his cell." To the best of my knowledge, the inmates name was Walter Michael, and he had multiple medical emergencies during this time. Please see initial IGP's on 5/1/22 & 5/2/22

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: _____