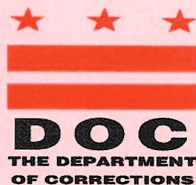


DOC Staff: Print Name _____ Sign Name _____ Date _____

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**INMATE INFORMAL RESOLUTION
COMPLAINT FORM**TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR**IGP NUMBER:**

STEP 1: INFORMAL RESOLUTION (To be completed by Inmate)

- Inmate has five (5) days after triggering incident to submit request.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within seven (7) business days.

INMATE NAME: <u>Ryan Nichols</u>	DCDC#: <u>376795</u>	UNIT: <u>C2B</u>	DATE: <u>5/10/22</u>
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SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 5/10/22 TIME OF INCIDENT: 12:00 pm OFFENDER: LT Lancaster / DC docREASON FOR COMPLAINT: I was placed in SMV-A on 4/20/22. My legal mail, legal documents, and U.S. Mail was packed and sent to property hold. When I left SMV today, I was told by LT Lancaster that I had no more property bags left, which means my legal mail, legal documents, grievance petitions, letter from my congressman, U.S. Mail, and pictures have either been lost,INMATE SIGNATURE: _____ DATE: 5/10/22stolen, sabotaged, gone through, and seized illegally. This is a total breach of***** 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: _____