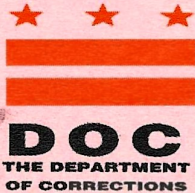


DOC Staff: Print Name: _____ Sign Name: _____ Date: _____ Attachment G



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**APPEAL – DEPUTY DIRECTOR
FORM**

TO BE COMPLETED BY INMATE
GRIEVANCE COORDINATOR
IGP NUMBER:

#

STEP 4: APPEAL – DEPUTY DIRECTOR

- Inmate has five (5) days from receipt of Wardens Administrative Remedy response to submit request.
- Place this form in the housing unit IGP box. The respective Deputy Director will respond within twenty-one (21) business days of receipt.

SECTION A: To be completed by Inmate (Only)

INMATE NAME:

DCDC#:

UNIT:

DATE:

Ryan Nichols 376795 C2B 5/15/22

REASON FOR APPEAL: In Response to Wardens IGP written on 4/21/22:

I did not receive a response within 15+ business days, so I am escalating. I have asked for mental health care for weeks/months. My requests for help are being ignored, and I recently ended up in Medical 82 on "Suicide pre-caution" due to mental health requests being neglected. I left Medical 82 "Suicide pre-caution" on 5/9/22 asking once again for mental health help from the ~~the~~ psychiatrist and JT Lancaster. Since then, I have not been followed up with on

INMATE SIGNATURE: _____

DATE: 5/15/22

SECTION B: To be completed by DOC (Only)

Provide response to IGP Coordinator no later than _____.

DEPUTY DIRECTOR RESPONSE: _____

AREA: _____

DEPUTY DIRECTOR SIGNATURE: _____ DATE: _____

- THIS IS THE FINAL LEVEL OF REVIEW IN THE DC DEPARTMENT OF CORRECTIONS.

The status of my mental health. I am asking the deputy director to review the informal, formal, and written IGP on this issue, and help me get the help I am asking for.