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

DOC
THE DEPARTMENT OF CORRECTIONS

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 w/in 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 psychiatrist and (T. Lancaster. Since then, I have not been followed up with on the status of my mental health. I am asking the deputy director to review the informal, formal, and warden [illegible] on this issue and help me get the help I am asking for

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.**

Original – IGP Coordinator
Copy 1 – Inmate Response
Copy 2 – Inmate