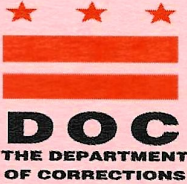


DOC Staff: Print Name: _____ Signature: _____ Date: _____



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>5/13/22</u>
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SELECT DEPARTMENT/SERVICES:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> o Facility Transfer o Fire Safety and Sanitation /Risk Management o Program and Activities o Personal Hygiene o Case Management Services o Health Care o Communications (mail, visits, telephone, | <ul style="list-style-type: none"> o Property o Sentence computation, jail credit, over detention o Finance o Rules and Regulations o Staff Treatment o Food Service o Religious Services | <ul style="list-style-type: none"> o Facilities Management o Discrimination o Transportation o Safety and Security o 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 Formal IGP # 20220512-291 & Informal

IGP # 22090716-282: Informal IGP response said I was going back
to ppa Population on 4/27-4/29, but I did not go back to my
unit until almost 2 weeks later. I have IGP's and Mental Health issues
stemming from solitary confinement, and this jail kept me in solitary confinement
(punitive) for almost 3 weeks regardless. I was in solitary confinement over a
non-punitive issue, and complained multiple times of mental health issues. Have
not been seen by mental health therapist since 4/27/22. Also, Informal

INMATE SIGNATURE: _____ DATE: 5/13/22

***** 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: _____

IGP was not signed properly in "DOC completion" area, which makes it nearly
impossible to track who signed for accountability purposes.