LANCASTER

PP 4030.1
Attachment C

DOC Staff: Print Name _____ Sign Name _____ Date _____

RECEIVED
MAY 12 2022

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
20220512-288

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:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	SMV-A C2B	5/10/22

SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 5/1/22 - 5/2/22 **TIME OF INCIDENT:** 2:45pm - 11am **OFFENDER:** DC DOC DAY STAFF

REASON FOR COMPLAINT: On 5/1/22 5/2/22, My water was turned off for 20+ hours in my cell in SMV-A over the actions of another inmate. I wrote a detailed electronic IGP(2) on the issue, but this is a hard copy IGP to keep for my records, and also to let DC DOC know that I expect an answer as to my electronic IGP on this issue.

INMATE SIGNATURE: _____ **DATE:** 5/10/22

*** **FOR DOC COMPLETION** *** **Provide response to the IGP Coordinator no later than** 5/18/22.

DOC RESPONSE: This incident is currently being investigated

PRINT RESPONDER NAME: Lt Lancaster **RESPONDER SIGNATURE:** _____ **DATE:** 5.16.22

DEPARTMENT: OPERATIONS **MANAGER NAME:** S. MARR **MANAGER SIGNATURE:** _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** 5/17/22

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

Revised 3/2019