

LANCASTER

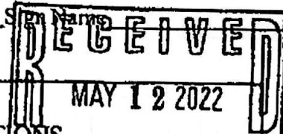
DOC Staff: Print Name _____

Sign Name _____

Date _____

PP 4030.1
Attachment C

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:

Ryan Nichols

DCDC#:

376795

UNIT:

SMV-A
C2B

DATE:

5/10/22

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: 5/1/22 - 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: _____

RESPONDER SIGNATURE: _____

DATE: 5/16/22

DEPARTMENT: OPERATIONS

MANAGER NAME: S. MARR

MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____

DATE: 5/17/22