TALLEY

DOC Staff: Print Name_____ Sign Name_____ Date _____

PP 4030.1
Attachment C

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

RECEIVED
MAY 12 2022
By

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER: #20220512-289

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	C2B & SMU-A	5/10/22

SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 5/5/22 **TIME OF INCIDENT:** Evening **OFFENDER:** LT Allen

REASON FOR COMPLAINT: On 5/5/22, I informed LT Allen that I was suicidal after being in SMU-A Solitary Confinement for 15 days. He refused to come up and have a conversation with me, and instead told me to, "put a request in." After pleading with him to come have a conversation about my situation, I informed LT Allen that I was suicidal. He turned to walk away, and said, "Sorry you feel that way. I hope you don't die." He then turns and tells the officer on duty to write that in the book, and leaves without checking on me. I received

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

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

DOC RESPONSE: DOC Records clearly state that this inmate received mental health treatment when it was deemed necessary in a timely manner. He stayed in medical 82's Solo cell 5/6 - 5/9. He stated to this writer what if I was suicidal would my housing assignment change? He never stated that he

PRINT RESPONDER NAME: J. Allen **RESPONDER SIGNATURE:** _____ **DATE:** 5/14/22

DEPARTMENT: _____ **MANAGER NAME:** COVID-19 **MANAGER SIGNATURE:** _____

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

No mental health care that night, or the next day until the following evening after I told 4-6 officers of the state of my mental health condition.

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

Revised 3/2019