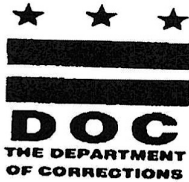
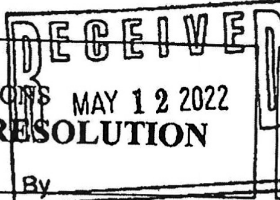


TALLEY

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:
20220512-289

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

INMATE SIGNATURE: [Signature] DATE: 5/10/22
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

*** 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 suite

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: [Signature] DATE: 5/14/22

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

INMATE GRIEVANCE COORDINATOR SIGNATURE: [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.