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:
#_____

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	5/10/22

SELECT DEPARTMENT/SERVICES NEEDED: SMU-A

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

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

***** 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:** _____

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

Revised 3/2019