DOC Staff: Print Name:_____ Signature:_____ Date:_____

PP 4030.1
Attachment D

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#_____

STEP 2: FORMAL GRIEVANCE (To be completed by Inmate)

- Inmate has five (5) days after receiving response to Informal Resolution to submit Formal Grievance form.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within fifteen (15) business days.

INMATE NAME: Ryan Nichols	DCDC#: 376795	UNIT: C213	DATE: 5/10/22

SELECT DEPARTMENT/SERVICES:

○ Facility Transfer ○ Fire Safety and Sanitation /Risk Management ○ Program and Activities ○ Personal Hygiene ○ Case Management Services ○ Health Care ○ Communications (mail, visits, telephone,	○ 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

FOR INMATE: Has this issue been resolved? YES ☐ or NO ☑ If no, check the "NO" box and place this form in the housing unit IGP Box with a copy of the INFORMAL RESOLUTION FORM WITH RESPONSE.

REASON NOT RESOLVED: In Response to Informal IGP# 22090716-282: I just now received access to my Property today, which includes a pen to be able to respond to this IGP. The IGP response stated I was suppose to return to gen population as of 4/27-4/29/22, but as of 5/6/22, I was informed by LT Lancaster that I would not be returning to gen population. Why did the IGP coordinator tell me I was returning the Warden and LT Lancaster say no? Also, why is their no manager name, and the signatures not filled out properly? LT Lancaster didn't sign the

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

12/2019