PP 4030.1
Attachment D

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

RECEIVED
MAY 19 2022

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#20220523-501

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: C2B	DATE: 5/18/22

SELECT DEPARTMENT/SERVICES:

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

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's written on 5/1/22 & 5/2/22 (electronic IGP). The 7+ business days have passed, and my IGP's on this issue were not answered and addressed. My water in my cell was turned off for 20+ hours because the officers were punishing the inmate next to me for "possibly flooding his cell." To the best of my knowledge, the inmates name was Walter Michael, and he had multiple medical emergencies during this time. Please see initial IGP's on 5/1/22 & 5/2/22

INMATE SIGNATURE: _____ DATE: 5/18/22

*** **FOR DOC COMPLETION** *** **Provide response to the IGP Coordinator no later than** _____.

DOC RESPONSE: Non-Grievable - See attached for the entire written issue.

PRINT RESPONDER NAME: T Campbell RESPONDER SIGNATURE: _____ DATE: 5/23/22
DEPARTMENT: PCM MANAGER NAME: _____ MANAGER SIGNATURE: _____
INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: 5/23/2022

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

12/2019