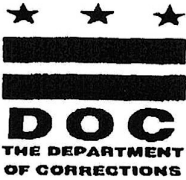


DOC Staff: Print Name _____ Sign _____ Date _____



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION
COMPLAINT FORM

RECEIVED
JUN 01 2022

TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR
IGP NUMBER:
20220601-693

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>	DATE: <u>5/28/22</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: 5/1/22 - 5/25/22 TIME OF INCIDENT: All Day OFFENDER: DL DOC

REASON FOR COMPLAINT: My discovery was not available to view from 5/1/22 through 5/25/22 on the clear tablet. My trial was pushed until November. Specifically so I could view my discovery and have access to it on the clear tablets. This is to keep proof of this happening, and hindering my ability to prepare for trial.

INMATE SIGNATURE: _____ DATE: 5/28/22

*** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than 6/21/22

DOC RESPONSE: IN RESPONSE TO THE FILED INMATE GRIEVANCE HAS LITIGATION DEPARTMENT PROVIDE INMATES WITH LAPTOPS NOT CLEAR TABLETS TO REVIEW DISCOVERIES. INMATE RYAN NICHOLS WILL BE PLACED ON THE INMATE DISCOVERY LIST TO REVIEW ALL LEGAL MATERIAL TO PREPARE FOR TRIAL IN NOVEMBER.

PRINT RESPONDER NAME: ICM SERVICE SMITH RESPONDER SIGNATURE: _____ DATE: 6/2/2022

DEPARTMENT: _____ MANAGER NAME: _____ MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: 6/2/22