RECEIVED 12/13/2021

RECEIVED 12/13/2021

DOC Staff: Print Name_____ Sign Name_____

RECEIVED DEC 09 2021 By

PP 4030.1
Attachment C

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
DOC THE DEPARTMENT OF CORRECTIONS

INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER: #22112104-332

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	C-2B	12/07/21

SELECT DEPARTMENT/SERVICES NEEDED:

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	✓ Rules and Regulations	o Safety and Security
o Case Management Services	o Staff Treatment	✓ Other
✓ Health Care	o Food Service	
o Communications (mail, visits, telephone, legal)	✓ Religious Services	

DATE OF INCIDENT: 12/07/21 TIME OF INCIDENT: 12:00 PM OFFENDER: DC DOC

REASON FOR COMPLAINT: I have been DENIED the Covid Vaccine by DC DOC. I took the shot to be in court, have access to family visits, have a haircut / shave, and access to religious services. - Not to mention Protection against the Covid virus. I was supposed to receive my 2nd shot on 12/01/21, but was told there are no shots available, and I won't be receiving my shot. I took the shot to comply with the court, and have access to my family, hygiene, & religious services, & Health reasons.

INMATE SIGNATURE: _____ DATE: 12/07/21

*** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than 12/16/21.

DOC RESPONSE: RESIDENT IS SCHEDULED PER NURSING FOR COVID SECOND DOSE THAT WILL BE ADMINISTERED WITHIN THE COMING WEEK. GRIEVANCE RESOLVED

PRINT RESPONDER NAME: _____ RESPONDER SIGNATURE: _____ DATE: 12/13/2021

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

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: 12-13-21

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

Revised 3/2019

Every grievance I've written has been responded with "Get the Covid shot, and you can have _____" NOW, I've tried, and have been DENIED! Medical Paperwork Proof With Me.