PP 4030.1
Attachment C

DOC Staff: Print Name_____ Sign Name_____ Date _____

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
221223-829

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	11/17/21

SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 11/17/21 **TIME OF INCIDENT:** 2:00 pm **OFFENDER:** Officer J. Johnson

REASON FOR COMPLAINT: Officer J. Johnson went back and forth with inmates calling us "Racist Bitches", "White Priveleged", and that she wishes she was the leader of BLM". She made comments about "Fucking our daddy and giving us a stepbrother", and yelled other expletives like "Fuck you" and "Bitch". This is mental punishment, and discrimination against me for being white. This is also direct intimidation, an abuse of power, and creates a fear of violence against C-2B. Officer J. Johnson also violated Page 1, number 8 in the policy handbook for comments and discrimination: Race, Color, and Personal appearance. I filed a larger grievance electronically with more details. Please advise

INMATE SIGNATURE: _____ **DATE:** 11/17/21

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

DOC RESPONSE: Non-Grievable See Attached

PRINT RESPONDER NAME: Team **RESPONDER SIGNATURE:** _____ **DATE:** 11-22-2021

DEPARTMENT: PCM **MANAGER NAME:** _____ **MANAGER SIGNATURE:** _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** 11-22-2021

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

Revised 3/2019