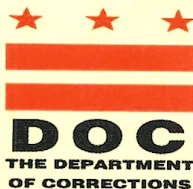


DOC Staff: Print Name _____ Sign Name _____ Date _____



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**INMATE INFORMAL RESOLUTION
COMPLAINT FORM**

TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR

IGP NUMBER:

2211223-829

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
- ☐ 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: 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 Privileged", 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

INMATE SIGNATURE: _____ DATE: 11/17/21

I, 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

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

DOC RESPONSE:

Non-grievable
See attached

PRINT RESPONDER NAME: TCM RESPONDER SIGNATURE: [Signature] DATE: 11-22-2021

DEPARTMENT: PCM MANAGER NAME: _____ MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 11-22-2021