RECEIVED 11/23/2021 COMPLETED 12/6/2021

DOC Staff: Print Name _____ Sign Name _____ Date _____

PP 4030.1
Attachment C

RECEIVED
NOV 18 2021
By

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
22111183-794

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	11/15/21

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

DATE OF INCIDENT: 11/15/21 **TIME OF INCIDENT:** 10:30 AM **OFFENDER:** MEDICAL

REASON FOR COMPLAINT: I was seen at medical on 11/8/21 for an ear ache/ear infection. Medical found liquid in my right ear, and prescribed me Meds. I've asked multiple times for the meds, including multiple medical regest and speaking with medical directly. The Nurse/Dr apologized, and said they must have overlooked My Prescription. My ear is now hurting worse, and I'd like my meds. Thank you

INMATE SIGNATURE: _____ **DATE:** 11/15/21

*** **FOR DOC COMPLETION** *** **Provide response to the IGP Coordinator no later than** 11-24-2021.

DOC RESPONSE:

RESIDENT RECEIVED PRESCRIBED MEDICATION ON 11/16/2021. SEEN FOR CHRONIC CARE APPOINTMENT, PROVIDER WILL REFER TO EAR, NOSE AND THROAT (ENT). PROVIDER STATED ON 11/24/2021, NO SIGNS OF INFECTION DURING EXAM. GRIEVANCE RESOLVED

PRINT RESPONDER NAME: _____ **RESPONDER SIGNATURE:** _____ **DATE:** 12/6/2021

DEPARTMENT: _____ **MANAGER NAME:** COVID-19 **MANAGER SIGNATURE:** _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** 12-6-21

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

Revised 3/2019