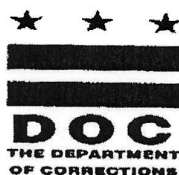


DOC Staff: Print Name _____

Sign Name _____



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION
COMPLAINT FORM

RECEIVED
FEB 02 2022

TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR

IGP NUMBER:

20220202-800

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:

Ryan Nichols

DCDC#:

376795

UNIT:

C2B

DATE:

12/31/21

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: 12/31/21

TIME OF INCIDENT: All Day

OFFENDER: DC DOC

REASON FOR COMPLAINT: I did not receive nail clippers or a haircut in the month of December. Since I am fully vaccinated, I am supposed to receive both. The last time nail clippers were brought into C-2B was 31-40 days ago (possibly more). My nails are breaking off, and causing pain and discomfort. Many inmates, including myself have asked for

INMATE SIGNATURE: _____

DATE: 12/31/21

nail clippers this month. I have also asked for a haircut, and have not been responded to.

*** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than 2/8/22

DOC RESPONSE: CURRENTLY, THE AGENCY IS UNDER A MEDICAL STAY IN PLACE DUE TO THE PANDEMIC. PRIOR TO BEING IN THIS CURRENT POSITION ALL INMATES MUST BE FULLY VACCINATED TO RECEIVE GROOMING SERVICES.

PRINT RESPONDER NAME: MARR

RESPONDER SIGNATURE: _____

DATE: 2/7/22

DEPARTMENT: _____ MANAGER NAME: _____

MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____

DATE: 2/8/22