PP 4030.1
Attachment C

DOC Staff: Print Name_____ Sign Name_____ Date_____

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

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: | DCDC#: | UNIT: | DATE: |
|---|---|---|---|
| Ryan Nichols | 376795 | C2B | 12/31/21 |

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

INMATE SIGNATURE: _____ DATE: 12/31/21

*** 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 RECIEVE 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

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

Revised 3/2019