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:
#_____

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:

○ 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: 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 C2B 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_____.**

DOC RESPONSE: _____

PRINT RESPONDER NAME: _____ **RESPONDER SIGNATURE:** _____ **DATE:** _____

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

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** _____

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