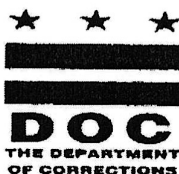
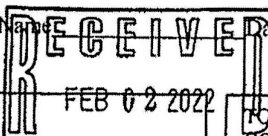


DOC Staff: Print Name _____ Sign Name _____ Date _____



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



TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR
IGP NUMBER:
20220202-799

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: <u>Ryan Nichols</u>	DCDC#: <u>376795</u>	UNIT: <u>C2B</u>	DATE: <u>12/31/21</u>
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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 found out through an officer that CPl Koge is currently on leave with COVID. He recently worked shifts in our unit, and shortly after inmates within our pod contracted the virus. There has been at least one confirmed case, but 10-15+ other inmates who are currently sick with COVID symptoms that the Jail refuses to test.

INMATE SIGNATURE: _____ DATE: 12/31/21

Even after the Jail knew that COVID positive officers came into contact with me, they refused to inform me or test me and the inmates around me.

*** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than 2/8/2022

DOC RESPONSE: THE AGENCY CAN NOT VIOLATE HIPAA HOWEVER WE HAVE ALL NECESSARY PRECAUTIONS AND FOLLOWED CDC AND DC HEALTH GUIDELINES.

INMATES ARE BEING TESTED REGULARLY FOR COVID AS WELL AS DAILY

KN95 MASK ARE ISSUED TO THE INMATE POPULATION.

PRINT RESPONDER NAME: MARR RESPONDER SIGNATURE: [Signature] DATE: 2/7/2022

DEPARTMENT: _____ MANAGER NAME: _____ MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: [Signature] DATE: 2/8/22

Today, I had to demand and beg for a Covid test. I received my covid test, but other with symptoms were denied.