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	1/22/22

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: 1/22/22 **TIME OF INCIDENT:** 6:00 PM **OFFENDER:** DC DOC

REASON FOR COMPLAINT: Tonight's Dinner trays consisted of brown rotten eggs (literally). The eggs were the main source of food on the trays besides the bread, cake, and apple. Sgt Franklin came to inspect the trays, and left with a sample tray.

INMATE SIGNATURE: _____ **DATE:** 1/22/22

*** **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:** _____

Witnessed by: Robert G. [illegible]

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