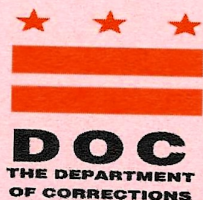


EMERGENCY GRIEVANCE TO DEPUTY DIRECTOR

DOC Staff: Print Name: _____ Sign Name: _____ Date: _____ Attachment G

PP 4030.1



DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**APPEAL – DEPUTY DIRECTOR
FORM**

TO BE COMPLETED BY INMATE
GRIEVANCE COORDINATOR
IGP NUMBER:

#

STEP 4: APPEAL – DEPUTY DIRECTOR

- Inmate has five (5) days from receipt of Wardens Administrative Remedy response to submit request.
- Place this form in the housing unit IGP box. The respective Deputy Director will respond within twenty-one (21) business days of receipt.

SECTION A: To be completed by Inmate (Only)

INMATE NAME:

DCDC#:

UNIT:

DATE:

Ryan Nichols

376795

C2B

1/15/22

REASON FOR APPEAL:

I have sent multiple requests, grievances, and Pleas to Lieutenants and above about nail clippers, unanswered requests/grievances, and more. My paper grievances AND my tablet grievances are both going unanswered for much longer than DOC policy allows for in response time. On Jan 5th, 2022, I asked LT C. Munoz for nail clippers, but none were brought. On 1/12/22 ^{2:40pm}, I asked Cpl Ferriando to call about nail clippers, request forms, and grievance forms. On 1/13/22 at 9:00pm, Major Bulley

INMATE SIGNATURE: _____

DATE: _____

SECTION B: To be completed by DOC (Only)

Provide response to IGP Coordinator no later than _____

DEPUTY DIRECTOR RESPONSE:

AREA: _____

DEPUTY DIRECTOR SIGNATURE: _____

DATE: _____

- **THIS IS THE FINAL LEVEL OF REVIEW IN THE DC DEPARTMENT OF CORRECTIONS.**