DOC Staff: Print Name _____ Sign Name _____ Date _____

PP 4030.1
Attachment C

RECEIVED
JAN 26 2022

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
20220126-551

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	C 2 B	1/7/22

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	✓ Other
✓ Health Care	o Food Service	
o Communications (mail, visits, telephone, legal)	o Religious Services	

DATE OF INCIDENT: 1/7/22 **TIME OF INCIDENT:** All Day **OFFENDER:** DC DOC

REASON FOR COMPLAINT: This is about the state of my mental health being effected by DC DOC policies as a pre-trial detainee. I have not been afforded a haircut/shave since arriving here on March 9, 2021, even though I have met all requirements by the Jail. I've also been denied family visits, attorney visits, religious services, and banished to solitary confinement even though I became fully vaccinated like the Jail told me to do in order to receive these things. I feel like a horse being led along with a dangling "carrot" in front of me. That "carrot" is my constitutional rights and better treatment promised, but no matter what I do to please the Jail, better treatment never comes. My mental health is in a rapid decline, and this Jail is ignoring my requests to help.

INMATE SIGNATURE: _____ **DATE:** 1/7/22

*** **FOR DOC COMPLETION** *** **Provide response to the IGP Coordinator no later than** 2/1/2022

DOC RESPONSE: IF YOU ARE FULLY VACCINATED ONCE THE AGENCY IS OUT OF THE CURRENT MODIFIED MEDICAL STAY IN PLACE YOU WILL BE AFFORDED ALL OF THE SERVICES YOU MENTIONED. THE DOC DOES NOT HAVE SOLITARY CONFINEMENT AND ACCORDING TO YOUR HOUSING HISTORY YOU HAVE BEEN HOUSED ANYWHERE OTHER THAN YOUR CURRENT HOUSING UNIT. ALL HOUSING UNIT ARE ON 2 HOURS OUT OF CELL TIME PER INMATE DUE TO COVID PROTOCOLS.

PRINT RESPONDER NAME: MARR **RESPONDER SIGNATURE:** _____ **DATE:** 2/8/2022

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

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** 2/9/22

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

Revised 3/2019