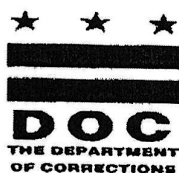


DOC Staff: Print Name _____

Sign _____

Date: _____

PP 4030.1
Attachment C

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

C2B

1/7/22

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: 1/7/22

TIME OF INCIDENT: All Day

OFFENDER: DC DOC

REASON FOR COMPLAINT: This is about the state of my mental health being affected 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

INMATE SIGNATURE: _____

DATE: 1/7/22

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

*** 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

"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.