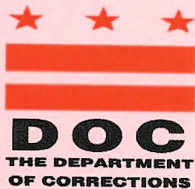


DOC Staff: Print Name _____ Sign Name _____ Date _____

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**INMATE INFORMAL RESOLUTION
COMPLAINT FORM**TO BE COMPLETED BY INMATE GRIEVANCE
COORDINATOR**IGP NUMBER:**

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 DOCREASON 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 becameINMATE SIGNATURE: _____ DATE: 1/7/22fully 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 _____.

DOC RESPONSE: _____

PRINT RESPONDER NAME: _____ RESPONDER SIGNATURE: _____ DATE: _____

DEPARTMENT: _____ MANAGER NAME: _____ MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____