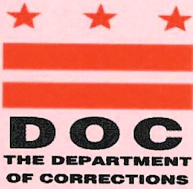


DOC Staff: Print Name _____ Sign Name _____ Date _____

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

C-2B

1/2/22

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: 1/2/22 TIME OF INCIDENT: 9:30 PM OFFENDER: Officer MenyongaiREASON FOR COMPLAINT: Officer Menyongai (the name he told us) came to our unit at 8pm on 1/2/22. He locked all doors when we came out on rec, and refused to let us back into our cell until 10pm when rec was over. I was denied the ability to use the restroom for the entire 2 hours, even after asking to be let in at 9:30pm so I could use the restroom, grab soap and towelINMATE SIGNATURE: _____ DATE: 1/2/22to shower, and heat-up food. I was put back into my cell at 10pm almost peeing on myself and in great bladder pain. I also did not get to shower.

*** 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: _____