

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

2/26/22

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: 2/25/22 TIME OF INCIDENT: 6:30 AM OFFENDER: DC DOCREASON FOR COMPLAINT: Outside / Inside Recreation was called twice this week at 6:30 am. On 2/25/22, Inside Gym Recreation was called back early because we weren't supposed to have rec before the Morning Shift Change / Count. - Per the officer escorting us. We got half of our Gym Rec, and the rest was denied. The Program

INMATE SIGNATURE: _____

DATE: 2/26/22Zones are getting all of the afternoon rec times, and we are getting denied***** 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: _____

Inside / Outside Recreation - Per the officer on duty.