

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:

Ryan Nichols

DCDC#:

376795

UNIT:

C2B

DATE:

2/22/22

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: 2/22/22 TIME OF INCIDENT: All Day OFFENDER: DC DOCREASON FOR COMPLAINT: Members of the Jail posted the Banks v. Booth No 20-cv-849 case law pertaining to a proposed settlement with the COVID-19 lawsuit against DC. Doc. The proposed settlement states: "Conduct contact tracing for residents and staff who test positive for Covid-19." I have a grievance about the Jail NOT doing thisINMATE SIGNATURE: _____ DATE: 2/22/22and shortly afterwards our pod had a COVID outbreak. Another settlement claim is for 4 hours out of our cell each day, and 4

*** 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: _____