DOC Staff: Print Name:_____ Signature: _____ Date:_____

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE FORMAL GRIEVANCE FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
#_____

STEP 2: FORMAL GRIEVANCE (To be completed by Inmate)

- Inmate has five (5) days after receiving response to Informal Resolution to submit Formal Grievance form.
- Place this form in the housing unit IGP box. The IGP coordinator will respond within fifteen (15) business days.

INMATE NAME:	DCDC#:	UNIT:	DATE:
Ryan Nichols	376795	C2B	2/10/22

SELECT DEPARTMENT/SERVICES:

○ Facility Transfer	○ Property	○ Facilities Management
○ Fire Safety and Sanitation /Risk Management	○ Sentence computation, jail credit, over detention	○ Discrimination
○ Program and Activities	○ Finance	○ Transportation
○ Personal Hygiene	○ Rules and Regulations	○ Safety and Security
○ Case Management Services	○ Staff Treatment	○ Other
○ Health Care	○ Food Service	
○ Communications (mail, visits, telephone,	○ Religious Services	

FOR INMATE: Has this issue been resolved? YES ☐ or NO ☑ If no, check the "NO" box and place this form in the housing unit IGP Box with a copy of the INFORMAL RESOLUTION FORM WITH RESPONSE.

REASON NOT RESOLVED: In response to IGP# 20220202-800: I was fully vaccinated well before the medical stay in place, and also came to court without a haircut for my bond hearing, even though I was promised a haircut for my bond hearing and being fully vaccinated. I, along with other inmates in C2B have personally witnessed haircuts being given in this jail over the last 7 days. I am requesting a haircut please. I have not had one since arriving here on Mar 9, 2021 and got vaccinated specifically for that reason, among others.

INMATE SIGNATURE: _____ DATE: 2/10/22

*** **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: _____

Original – IGP Coordinator
Copy 1 – Inmate Response
Copy 2 – Inmate