



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

PP 4030.1
Attachment D

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: Ryan Nichols DCDC#: 376795 UNIT: C2B DATE: 2/18/22

SELECT DEPARTMENT/SERVICES:

- | | | |
|--|--|--|
| <ul style="list-style-type: none">○ Facility Transfer○ Fire Safety and Sanitation /Risk Management○ Program and Activities○ Personal Hygiene○ Case Management Services○ <u>Health Care</u>○ Communications (mail, visits, telephone, | <ul style="list-style-type: none">○ Property○ Sentence computation, jail credit, over detention○ Finance○ <u>Rules and Regulations</u>○ <u>Staff Treatment</u>○ Food Service○ Religious Services | <ul style="list-style-type: none">○ Facilities Management○ <u>Discrimination</u>○ Transportation○ Safety and Security○ Other |
|--|--|--|

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 # 20220208-914. The response given is not true or accurate information. The outside ENT Doctor who looked in my ear confirmed white spots and recent scarring, which she referred to as "abnormal". She confirmed that I did have a recent ear infection. This information was annotated on the report in the doctors office, and I am requesting a copy for myself. Furthermore, I am requesting to know who responded

INMATE SIGNATURE: _____ DATE: 2/18/22

*** 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: _____

TO the informal grievance, as "Covid-19" is not the name of any person in this facility, much less the "Manager Name". TO