RECEIVED 2/14/2022 COMPLETED 2/16/2022

DOC Staff: Print Name _____ Sign Name _____ Date _____

RECEIVED FEB 08 2022

PP 4030.1
Attachment C

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER: #20220208-914

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 2 B	2/5/22

SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 2/4/22 **TIME OF INCIDENT:** MORNING **OFFENDER:** DC DOC

REASON FOR COMPLAINT: On 11/8/21, I was seen at medical for an ear infection with ear pain. I asked for meds for 8 days before I finally received them. On my 11/15/21 IGP # 22111183-794, I was responded to that on 11/24/21 the provider saw no signs of infection during exam, and ENT was to be scheduled. On 2/4/22, I was taken to Howard University Hospital for ENT. 2 ENT Drs saw me, and informed me that there were white spots on my ear drums and scabbing from a recent ear infection, directly contradicting the medical care provided by DC DOC which left me hurting for many days. I believe this to be targeted and direct neglect of healthcare due to case status.

INMATE SIGNATURE: _____ **DATE:** 2/5/22

***** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than** 2/14/2022

DOC RESPONSE: THERE HAS BEEN NO NEGLIGENCE IN THE HEALTHCARE THIS INMATE IS RECEIVING. OUTSIDE CONSULTATION DID NOT CONFIRM ANY ABNORMALITIES WITHIN THIS INMATE'S EAR. THE RECOMMENDATION WAS TO CONTINUE WITH NASAL SPRAY AS MEDICALLY INDICATED AND HAS BEEN SCHEDULED FOR CHRONIC CARE APPOINTMENT. GRIEVANCE RESOLVED

PRINT RESPONDER NAME: _____ **RESPONDER SIGNATURE:** _____ **DATE:** 2/16/2022

DEPARTMENT: _____ **MANAGER NAME:** COVID-19 **MANAGER SIGNATURE:** _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** 2/17/22

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

Revised 3/2019