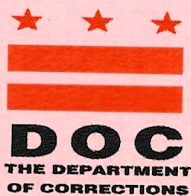


DOC Staff: Print Name: _____ Signature: _____ Date: _____



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: 3/30/22

SELECT DEPARTMENT/SERVICES:

- | | | |
|---|--|---|
| <ul style="list-style-type: none"> o Facility Transfer o Fire Safety and Sanitation /Risk Management o Program and Activities o Personal Hygiene o Case Management Services o Health Care o Communications (mail, visits, telephone, | <ul style="list-style-type: none"> o Property o Sentence computation, jail credit, over detention o Finance o Rules and Regulations o Staff Treatment o Food Service o Religious Services | <ul style="list-style-type: none"> ☒ Facilities Management o Discrimination o Transportation o 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 IAP 20220328-491 (Informal): My informal IGP was DENIED as "Non-Grievable". My informal grievance was about IAP's that have been ignored and not answered/returned. If you check your online IAP files, you'll find that I have numerous IAP's that have been ignored. I also have numerous written IAP's that have been ignored. According to Page 12 of the inmate handbook, this is a grievable issue (#6 Denial of access to the informal resolution or IAP processes.) The denial of this IAP

INMATE SIGNATURE: _____ DATE: 3/30/22

*** 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: _____