RECEIVED 4/1/2022 DOC Staff: Print Name _____ Sign Name _____ Date 4/1/2022 COMPLETED

RECEIVED MAR 30 2022 By _____

PP 4030.1
Attachment C

DOC
THE DEPARTMENT OF CORRECTIONS

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
INMATE INFORMAL RESOLUTION COMPLAINT FORM

TO BE COMPLETED BY INMATE GRIEVANCE COORDINATOR
IGP NUMBER:
20220330-526

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	C2B	3/24/22

SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 3/21/22 **TIME OF INCIDENT:** All Day **OFFENDER:** DC DOC

REASON FOR COMPLAINT: On 3/21/22 after returning from my medical visit, I put in a mental Health request. Kenny Harrelson witnessed me put this mental health request in. Since then, I have not been seen by medical, or asked about my mental health status. To date, I have put in multiple requests about mental health, and also have IGP's about my mental health due to my conditions of confinement effecting my diagnose PTSD. I would like to be seen at mental health, Please. Thank you.

INMATE SIGNATURE: _____ **DATE:** 3/24/22

***** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than** 4/5/22

DOC RESPONSE:

Seen for mental health appointment on 3/25/2022 and 3/30/2022. Grievance Resolved

PRINT RESPONDER NAME: _____ **RESPONDER SIGNATURE:** _____ **DATE:** 4/1/2022

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

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ **DATE:** 4/11/2022

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

Witnessed By: Kenneth Harrelson

Revised 3/2019