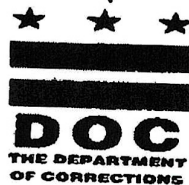


RECEIVED 4/1/2022

RECEIVED 4/1/2022

PP 4030.1
Attachment C



DOC Staff: Print Name _____

Signature _____

DATE: MAR 30 2022

Date _____

DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS
**INMATE INFORMAL RESOLUTION
COMPLAINT FORM**

By _____

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:

Ryan Nichols

DCDC#:

376795

UNIT:

C2B

DATE:

3/24/22

SELECT DEPARTMENT/SERVICES NEEDED:

- ☐ Facility Transfer
- ☐ Fire Safety and Sanitation /Risk Management
- ☐ Program and Activities
- ☐ Personal Hygiene
- ☐ Case Management Services
- ☒ Health Care
- ☐ Communications (mail, visits, telephone, legal)

- ☐ Property
- ☐ Sentence computation, jail credit, over detention
- ☐ Finance
- ☐ Rules and Regulations
- ☐ Staff Treatment
- ☐ Food Service
- ☐ Religious Services

- ☐ Facilities Management
- ☐ Discrimination
- ☐ Transportation
- ☐ Safety and Security
- ☒ Other

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 diagnosis

INMATE SIGNATURE: _____

DATE: 3/24/22

PTSD. I would like to be seen at mental health, please. Thank you.

*** 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: Corix-19

MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____

DATE: 4/1/2022

Witnessed By: Kenneth Harrelson