DOC Staff: Print Name_____ Sign Name_____ Date _____

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:
#_____

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	3/21/22

SELECT DEPARTMENT/SERVICES NEEDED:

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

DATE OF INCIDENT: 3/21/22 **TIME OF INCIDENT:** Morning **OFFENDER:** Cpl Allen (medical

REASON FOR COMPLAINT: I was being transported to medical by Cpl Allen, when she became very agressive, hostile, confrontational, and threatening towards myself and other inmates over the specific type of mask to wear. (KN95) I was wearing my KN95, as seen on video surveillance, but was still the brunt of her verbal assault and cursing. Her disruptive and threatening behavior caused me to return to my cell and lock myself in until a LT came down to speak. When LT showed up to de-escalate the situation, Cpl Allen jumped in the middle of the conversation, escalating the situation further, and causing me discomfort to the point of returning to my cell until she left. When Cpl Allen left [illegible]

INMATE SIGNATURE:_____ **DATE:** 3/21/22

***** 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:** _____

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

Revised 3/2019