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	3/19/22

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: 3/18/22 **TIME OF INCIDENT:** Morning **OFFENDER:** DC DOC

REASON FOR COMPLAINT: Mr. Anderson and Mr. Marvin T Bickham from the U.S. Marshals office came to our pod to check in. They informed us of the U.S. Marshals determining that the DC DOC Grievance Process was broken, along with the internal affairs report showing the same. Ive sent many grievances by paper and electronically that have been ignored or covered up.

INMATE SIGNATURE: _____ **DATE:** 3/19/22

The issues I'VE grieved about that have been ignored are significant issues such as racist language used against myself and other inmates, abusive behavior, discrimination, conditions of confinement, & more. As a veteran who has been diagnosed with PTSD, this type of neglect and mistreatment is harmful, and I demand accountability by the

***** 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

Witnessed By: [illegible] 376795