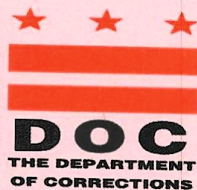


DOC Staff: Print Name _____ Sign Name _____ Date _____



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: <u>Ryan Nichols</u>	DCDC#: <u>376795</u>	UNIT: <u>C2B</u>	DATE: <u>4/20/22</u>
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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: 4/20/22 TIME OF INCIDENT: Evening OFFENDER: DC DCL

REASON FOR COMPLAINT: On the afternoon of 4/20/22, I was asked by LT Bruce to sign a "Non Antisocial" or "Non Aggression" form for Brandon Fellows. LT Bruce informed me that he already signed his. After reading the wording, I chose not to sign, but rather I argued on the situation, explaining that I have not ever and do not had any animosity towards Brandon, but do not agree of him going to the media about myself and other

INMATE SIGNATURE: [Signature] DATE: 4/20/22

***** FOR DOC COMPLETION *** Provide response to the IGP Coordinator no later than _____.**

DOC RESPONSE: _____

PRINT RESPONDER NAME: _____ RESPONDER SIGNATURE: [Signature] DATE: _____

DEPARTMENT: _____ MANAGER NAME: _____ MANAGER SIGNATURE: _____

INMATE GRIEVANCE COORDINATOR SIGNATURE: _____ DATE: _____