INMATE GRIEVANCE
Institution Administrator's Remedy

District of Columbia Department of Corrections

[Please Print Clearly Using a Ballpoint Pen or Type]
[Attach Additional Sheets if Necessary]

Grievant's Information:
1. Last Name, First Name, M.I.  2. DCDC No.
3. Cell/Block No.  4. Correctional Institution

Complaint:

Remedy Sought:

DATE

SIGNATURE OF GRIEVANT

Part B

Institution Administrator's Response:

DATE

IGP NO.

ADMINISTRATOR'S SIGNATURE

- See Appeal Procedures on Back -

RECEIPT

Grievant:
Last Name, First Name, M.I.  DCDC No.  Institution

Date  IGP No.  Signature of Staff Recipient