

FORM 1  
(3/92)

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. \_\_\_\_\_ 2. \_\_\_\_\_  
Last Name, First Name, M.I. DCDC No.
- 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Cell/Block No. Correctional Institution

-----  
Part A

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