

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