

**INMATE GRIEVANCE
INSTITUTION ADMINISTRATOR'S REMEDY**

District of Columbia
Department of Corrections
IGP Form 1 (Rev. 10/92)

Third Copy: Return to Resident

Type or use ball-point pen.

Attach additional sheets, if necessary.

From: Anderson Wallace 307199 SE2/25 CDF
LAST NAME, FIRST NAME, MI. DCDC NO. CELL/BLOCK INSTITUTION

Part A - INMATE COMPLAINT:

The telephone system in the unit (SE-2) still has more than 1/2 the phones not functioning properly. Today I was not able to make calls prepaid using my account due to a defect in the main switch for the

Remedy Sought: inmate phone system

5/29/06

DATE

[Signature]
SIGNATURE OF RESIDENT

Part B - RESPONSE BY INSTITUTION ADMINISTRATOR:

DATE

IGP NO.

SIGNATURE OF ADMINISTRATOR

See back for: 1. Appeal Procedure. 2. Institutions of filing emergency grievance of sensitive nature.

Part C - RECEIPT

Return to: _____
LAST NAME, FIRST NAME, MI. DCDC NO. CELL/BLOCK NO. INSTITUTION

Subject: _____

DATE

SIGNATURE OF RECIPIENT (STAFF MEMBER)

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From: Anderson Walter 304199 SE 2/25 CP
LAST NAME, FIRST NAME, MI. DCDC NO. CELL/BLOCK INSTITUTION

Part A - INMATE COMPLAINT:

No Case Manager was in the unit for the entire week.
I was not able to obtain a legal call and conduct
other matters with the case manager
~~the~~

Remedy Sought:

5/27/06
DATE

[Signature]
SIGNATURE OF RESIDENT

Part B - RESPONSE BY INSTITUTION ADMINISTRATOR:

DATE

IGP NO.

SIGNATURE OF ADMINISTRATOR

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From: Anderson Walter 304199 SE-2/25 CDI
LAST NAME, FIRST NAME, MI. DCDC NO. CELL/BLOCK INSTITUTION

Part A - INMATE COMPLAINT:

I WAS DENIED ACCESS TO LAW LIBRARY. I WAS TOLD ONLY 10 PEOPLE FROM SE-2 UNIT ARE ALLOWED TO GO EACH WEEK. THIS IS A VIOLATION OF MY RIGHTS, I NEED ACCESS TO LAW LIBRARY MORE THAN 1 HOUR EACH WEEK. I CANNOT PURSUE MY CASE WITHOUT THIS ACCESS

Remedy Sought:

5/20/06
DATE

[Signature]
SIGNATURE OF RESIDENT

Part B - RESPONSE BY INSTITUTION ADMINISTRATOR:

DATE IGP NO. SIGNATURE OF ADMINISTRATOR

See back for: 1. Appeal Procedure. 2. Institutions of filing emergency grievance of sensitive nature.

Part C - RECEIPT

Return to: _____
LAST NAME, FIRST NAME, MI. DCDC NO. CELL/BLOCK NO. INSTITUTION

Subject: _____

DATE SIGNATURE OF RECIPIENT (STAFF MEMBER)