

DATE APPEAL RECEIVED FROM OFFENDER \_\_\_\_\_

GRIEVANCE APPEAL FORM

\_\_\_\_\_  
OFFENDER NAME

\_\_\_\_\_  
I.D. NUMBER

\_\_\_\_\_  
GRIEVANCE NUMBER

I reject the Warden's/Superintendent's response to my grievance. The basis for this appeal is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: The option to appeal a proposed resolution rests with the grievant. All grievances indicating a desire for appeal will be forwarded to the next level. However, to allow a full review of all issues the grievant wishes considered, he or she should state these reasons clearly in the appeal. Statements such as "not satisfied" or "appeal further" will result only in a general review. **If for some reason this appeal is being submitted later than the allotted time frame, please state clearly the reasons why if you wish for this appeal to be considered.** This appeal form along with the Grievance Form must be submitted to your Counselor or Grievance Coordinator.

OFFENDERS'S  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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**RECEIPT FOR GRIEVANCE AT COUNSELOR'S LEVEL**

OFFENDER'S NAME: \_\_\_\_\_ I.D.# \_\_\_\_\_

I ACKNOWLEDGE RECEIPT OF GRIEVANCE APPEAL NUMBER \_\_\_\_\_ FROM THE ABOVE OFFENDER.

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ COUNSELOR'S SIGNATURE: \_\_\_\_\_

(Reproduced locally)