**CENTRAL OFFICE APPEAL RESPONSE**

Date:

Offender's Name:

Grievance Number:

GDC#:

Facility:

Response to Appeal:

**Commissioner's Designee** **Date**

**I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE**

**Offender's Signature** **Date**

Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.