

(FACILITY NAME)

CLASSIFICATION APPEAL FORM

To: Superintendent _____

From: Resident _____ GDC# _____ EF# _____

Date: _____

SUBJECT: APPEAL OF CLASSIFICATION COMMITTEE ACTION

I wish to appeal the decision of the Classification Committee regarding: (complete one)

1. Initial Detail Assignment: _____
2. Employment: _____
3. Program Assignment: _____

REASON FOR APPEAL: _____

RESIDENT SIGNATURE

DATE

REVIEW OF APPEAL

_____ I concur with the Classification Committee's Action

_____ The following recommendation(s) has/have been made in this case:

SUPERINTENDENT SIGNATURE

DATE

RETENTION SCHEDULE: Upon completion, attachments 3 will be will be placed in the resident institutional file and retained according to the official retention schedule for that file.