## DATE APPEAL RECEIVED FROM OFFENDER

ADA ACCOMMODATION REQUEST APPEAL FORM			
OFFENDER NAME	I.D. NUMBER	ADA ACCOMMODATION NUMBER	
I reject the Warden's/Superint appeal is as follows:	endent's response to my AI	DA Accommodation Request.	The basis for this
NOTE: The option to appeal a proposition will be forwarded to the next level. state these reasons clearly in the appearance of the support Georgia 31029 within seven (7) days	However, to allow a full review of eal. Statements such as "not satisfing documents, must be submitted	all issues the offender wishes consided or "appeal further" will result or to the Commissioner's Designee at P	dered, he or she should aly in a general review.
OFFENDER'S			
SIGNATURE:			
		(Reproduced loca	ally) 
	R ADA ACCOMMODATION THE COMMISSIONER'S	ON REQUEST APPEAL FO DESIGNEE LEVEL	DRM
OFFENDER'S NAME:		I.D.#	
I ACKNOWLEDGE RECEIPT OF ADA OFFENDER.	REQUEST APPEAL NUMBER	FROM TI	HE ABOVE
DATE://	COMMISSIONER'S DESI	GNEE'S SIGNATURE:	

Retention Schedule: Upon completion, the original of this attachment shall be placed in the offender's institutional file and retained according to the official retention schedule for this file. A copy of this attachment shall be placed in the medical file and mental health file, as necessary, and retained according to the official retention schedule for that file. A copy of this attachment shall also be maintained in the Facility ADA Coordinator's, Agency's ADA Coordinator's, and Commissioner's Designee's offices for four (4) years following the final decision of the request.