

**Special Management Unit: Tier III Program  
Assignment Appeal Form**

**I. Offender:** \_\_\_\_\_ **GDC #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**II. Special Management Unit: Tier III Program Assignment Appeal**

I wish to appeal the decision of the Special Management Unit: Tier III Program Classification Committee Assignment to the Tier III Program:

**REASON FOR APPEAL (within 14 Calendar Days from Notice of Assignment to Tier III Program submit to the assigned counselor who shall forward to the Deputy Director, Field Operations).**

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\_\_\_\_\_  
**Offender's Signature**

\_\_\_\_\_  
**Date**

**Date appeal received:** \_\_\_\_\_ **By:** \_\_\_\_\_ **(COUNSELOR)**

**Offender Acknowledgment Appeal Received by Counselor:** \_\_\_\_\_  
*Signature/Date*

**Date Appeal Sent to Deputy Director, Field Operations:** \_\_\_\_\_  
*(Send within 3 calendar days of receipt of appeal)*

**III. Review of Appeal by Deputy Director, Field Operations (to be completed within 7 calendar days of receipt)**

**Date Appeal Received:** \_\_\_\_\_

I  concur /  disagree with the Special Management Unit: Tier III Program Classification Committee Assignment to the Tier III Program. The following decision(s) has/have been made in this case.

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\_\_\_\_\_  
**Deputy Director, Field Operations Signature**

\_\_\_\_\_  
**Date**

**Date forwarded to Director, Field Operations:** \_\_\_\_\_  
*(To be forwarded within 3 calendar days of decision)*

**IV. Review of Appeal by Director, Field Operations** *(to be completed within 3 calendar days of receipt of Deputy Director's, Field Operations decision)*

Date Appeal Received: \_\_\_\_\_

I  concur /  disagree with the Special Management Unit: Tier III Program Classification Committee Assignment to the Tier III Program. The following decision(s) has/have been made in this case.

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

\_\_\_\_\_  
**Director, Field Operations Signature**

\_\_\_\_\_  
**Date**

**V. Offender's Acknowledgment of Final Assignment Appeal Decision**

\_\_\_\_\_  
*Signature/Date*