

**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 Director, Field Operations).

Offender's Signature

Date

Date appeal received: _____ **By:** _____ **(COUNSELOR)**

Offender Acknowledgment Appeal Received by Counselor: _____
Signature/Date

Date Appeal Sent to Director, Field Operations: _____
(Send within 3 calendar days of receipt of appeal)

III. Review of Appeal by 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.

Director, Field Operations Signature

Date

Date forwarded to Assistant Commissioner for Facility Operations: _____
(To be forwarded within 3 calendar days of decision)

IV. Review of Appeal by Assistant Commissioner for Facilities *(to be completed within 3 calendar days of receipt of 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.

Assistant Commissioner for Facilities Signature

Date

V. Offender's Acknowledgment of Final Assignment Appeal Decision

Signature/Date