

\_\_\_\_\_  
(CENTER NAME)

**DETAINEE CLASSIFICATION APPEAL FORM**

**TO:** SUPERINTENDENT \_\_\_\_\_  
**FROM:** DETAINEE \_\_\_\_\_ **ID#** \_\_\_\_\_  
**DATE:** \_\_\_\_\_

**SUBJECT: APPEAL OF CLASSIFICATION COMMITTEE ACTION**

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

1. Dorm Change: \_\_\_\_\_
2. Initial Detail Assignment: \_\_\_\_\_
3. Detail Change to: \_\_\_\_\_
4. Segregation Placement: \_\_\_\_\_
5. Security Level: \_\_\_\_\_
6. Program Assignment: \_\_\_\_\_

**REASON FOR APPEAL:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DETAINEE'S 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**