

APPEAL PROCESS NOTICE FORM

The inmate has been advised of the findings; specific evidence relied on, action, and reasons for the action. The inmate has been advised of their right to appeal that action within thirty (30) calendar days to the Commissioner of Corrections. A copy of the *Hearing Report Form* has been given to the inmate.

Inmate received on _____, 20__, at _____ hours.
(date)

Witness (VT DOC Staff)
(Printed name and signature)

Date/Time