

INMATE APPEAL FORM

(OF SUPERINTENDENT'S FINDINGS IN SUPPORT OF ADMINISTRATIVE SEGREGATION)

Inmate Name: _____ DOB _____

Date of Appeal: _____ Date of Hearing: _____

REASON FOR APPEAL:

COMMISSIONER'S FINDINGS:

COMMISSIONER SIGNATURE

DATE

Attachment: *Hearing Report Form*

Distribution: Inmate when Superintendent's decision is reached; Inmate when appeal is give to staff; Inmate file; Director of Offender Due Process