### CENTRAL OFFICE APPEAL RESPONSE

<table>
<thead>
<tr>
<th>Date:</th>
<th></th>
<th>Grievance Number:</th>
<th>Facility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offender's Name:</td>
<td></td>
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<td>GDC#:</td>
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</tbody>
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Response to Appeal:  

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**Commissioner’s Designee**  
**Date**

**I ACKNOWLEDGE RECEIPT OF THE ABOVE RESPONSE ON THIS DATE**

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**Offender’s Signature**  
**Date**

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Retention Schedule: Upon Completion, this form shall be maintained with the grievance packet for four (4) years and then destroyed.