
(FACILITY NAME)

CLASSIFICATION APPEAL FORM

TO: WARDEN _____
FROM: OFFENDER _____ **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: _____
- 7. Behavior Level: _____

REASON FOR APPEAL: _____

OFFENDER'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:

WARDEN SIGNATURE _____
DATE