

DISCIPLINARY APPEAL FORM

Facility: _____ Disciplinary Report #: _____

Offender's Name: _____ Offender's ID#: _____
(Please Print)

TO: WARDEN/SUPERINTENDENT: (Submit within fifteen (15) calendar days after hearing).

REASON FOR APPEAL:

Offender's Signature

Date

WARDEN'S/SUPERINTENDENT'S DECISION: (Within thirty (30) calendar days of receipt of appeal).

Warden's/Superintendent's Signature

Date

2nd Appeal: (Within five (5) business days of Warden's Response)

TO: Inmate Affairs Unit
P.O. Box 310
Hardwick, Georgia 31034

Offender's Signature

Date

EXECUTIVE ASSISTANT'S DECISION:

Executive Assistant's Signature

Date

(Reproduce locally)