

**SEGREGATION: TIER I PROGRAM
Assignment Appeal Form**

I. Offender: _____ **GDC #:** _____ **Date:** _____

II. Disciplinary Segregation: Tier I Assignment

In accordance with Tier I SOP, an assignment to the Segregation: Tier I Program was made based upon the following explanation:

III. Offender's rebuttal: (within 3 business days submit to the assigned counselor who will forward to the Warden)

DATE APPEAL RECEIVED: _____ **BY:** _____ **(COUNSELOR)**

IV. Review of Appeal

_____ I concur / disagree with the Segregation: Tier I Program Classification Committee's Action. The following decision(s) has/have been made in this case.

Warden's Signature

Date

Copies: Offender Offender file
RETENTION SCHEDULE: Upon completion of this form, it will be placed in the offender case history file.

OFFENDER RECEIPT FOR SEGREGATION: TIER I ASSIGNMENT

OFFENDER'S NAME: _____ **ID. #:** _____

I ACKNOWLEDGE RECEIPT OF THIS APPEAL FROM THE ABOVE OFFENDER.

DATE: ___/___/___

COUNSELOR'S SIGNATURE: _____