

**SEGREGATION: TIER I PROGRAM  
30 Day Review Appeal Form**

**I. Offender:** \_\_\_\_\_ **GDC #:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**II. Segregation 30 Day Review Appeal**

In accordance with Segregation: Tier I SOP, a 30 Day Review was conducted with the following recommendation:

\_\_\_\_\_  
\_\_\_\_\_

**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.

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**OFFENDER RECEIPT FOR SEGREGATION: TIER I ASSIGNMENT**

**OFFENDER'S NAME:** \_\_\_\_\_ **I.D. #:** \_\_\_\_\_

**I ACKNOWLEDGE RECEIPT OF THIS APPEAL FROM THE ABOVE OFFENDER.**

**DATE:** \_\_\_/\_\_\_/\_\_\_                      **COUNSELOR'S SIGNATURE:** \_\_\_\_\_