

Appeal No: _____
Receipt Date: _____

Response From Director Or Designee

Name of Facility: _____ Facility Code: _____

Name of Offender: _____ ODOC Number: _____

Offense Date: _____ Offense: _____ Hearing Date: _____

___ Concur with the decision of the Facility Head

___ Reverse and Expunge

___ Rehearing Ordered/Remanded with Instructions

Review Date: _____

Designee for Director

I acknowledge receipt of this response, all attachments, and contents therein.

Offender's Signature

Date ___/___/___

Original: Offender
First Copy: Facility Where Violation Occurred
Second Copy: Confining Facility

DOC 060125F
(R 10/12)