STATE OF ALASKA **DEPARTMENT OF CORRECTIONS**

Appeal of Disciplinary Action

Date:
Prisoner's Name: Offender Number:
Facility Name:

Instructions and Type of Appeal Prisoner to check the type of appeal - only one type may be entered	
☐ **Committee/Hearing Officer Decision:** To appeal the decision of the Disciplinary Committee/Hearing Officer, the prisoner must submit a written statement of appeal on this form, through the institutional staff member designated for the purpose, to the Superintendent within THREE working days of receipt of the written disciplinary decision. The Superintendent will respond within TEN working days of receiving the appeal.	☐ **Superintendent's Decision:** To appeal the Superintendent's decision to the Director of Institutions, the prisoner must submit a written statement of appeal on this form through the institutional staff member designated for the purpose, within TWO working days of written notification of the Superintendent's decision. The Director should respond within FIFTEEN working days of receiving the appeal.

Appeal Statement

Continue on back of this sheet if more space is needed

Prisoner's Signature: _____

Superintendent's Decision:

Signature/Title/Date: _____

This is the final agency decision. You have 30 days to file an appeal with the superior court.

Note: If superintendent decision is issued in a contract facility, an appeal can be made to the Deputy Director of Institutions or Director if a major infraction within two working days.

Distribution: Superintendent
Prisoner
Case Record
Deputy Director of Institutions, if appealed

Form 20-809.06A
Rev. 01/09