Receipt Date:	
Response From Director or Designee	
Name of Facility:  Name of Inmate:	Facility Code: ODOC Number:
Offense Date: Offense:	Hearing Date:
Concur with the decision of the Facility Head  Rehearing Ordered/Remanded with Instructions	Reverse/Expunge
Review Date:	Director's Designee
I acknowledge receipt of this response .	Director & Designee

Date \_\_\_\_/\_\_\_/

Original: Administrative Review Authority First Copy: Facility Where Violation Occurred Second Copy: Inmate

Inmate's Signature

Appeal No: