

Appeal No: \_\_\_\_\_  
Receipt Date: \_\_\_\_\_

## Response From Agency Director Or Designee

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Name of Facility: \_\_\_\_\_ Facility Code: \_\_\_\_\_

Name of Inmate: \_\_\_\_\_ ODOC Number: \_\_\_\_\_

Offense Date: \_\_\_\_\_ Offense: \_\_\_\_\_ Hearing Date: \_\_\_\_\_

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\_\_\_ Concur with the decision of the Facility Head

\_\_\_ Reverse and Expunge

\_\_\_ Rehearing Ordered/Remanded with Instructions

Review Date: \_\_\_\_\_

\_\_\_\_\_  
Designee for Agency Director

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

\_\_\_\_\_  
Inmate's Signature

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

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

DOC 060125F  
(R 01/22)