

# Notice of Appeal

## Security Level/Transfer Recommendation

Objection to Warden  
 Appeal recommendation made by  
**Classification Committee**

Objection to the Bureau of Classification,  
 (770 West Broad Street, Columbus, Ohio 43222)  
 Appeal recommendation made by the **Warden**

Name:	Number:
Institution:	Date:

I am appealing:

- Recommended *placement*  Recommended *continued* placement at Level \_\_\_\_\_  
 This proceeding was conducted on \_\_\_\_\_ at \_\_\_\_\_  
DATE INSTITUTION
- Denial of Transfer to \_\_\_\_\_

I am filing an appeal of a Level 4 Decision within fifteen days following notification of the recommendation of the Classification Committee/Warden.

OR

I am filing an appeal of a Transfer or a Level 1,2 or 3 Decision within 24 hours following notification of the recommendation of the Classification Committee.

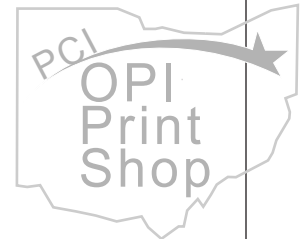
OR

I am filing an appeal of a Transfer or a Level 1,2 or 3 Decision within 5 days following notification of the recommendation of the Warden.

In my opinion this decision is incorrect for the following reasons:

*WARNING: You must state clearly and in detail the reasons you feel the recommendation decision is incorrect. This includes all procedural objections.*

(614) 752-0287  
 (614) 877-2312



(If more space is needed, attach additional sheets)

Signature:	Number:	Date:
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