You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

Appeal is subject to rejection if one row of text per line is exceeded. WRITE, PRINT, or TYPE CLEARLY in black or blue ink.

State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):

A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):

B. Action requested (If you need more space, use Section B of the CDCR 602-A):

Supporting Documents: Refer to CCR 3084.3.

☐ Yes, I have attached supporting documents.
☐ No, I have not attached any supporting documents. Reason:

Inmate/Parolee Signature: ___________________________ Date Submitted: ____________________

By placing my initials in this box, I waive my right to receive an interview.

C. First Level - Staff Use Only

This appeal has been:
☐ Bypassed at the First Level of Review. Go to Section E.
☐ Rejected (See attached letter for instruction) Date: ___________ Date: ___________ Date: ___________ Date: ___________
☐ Cancelled (See attached letter) Date: ___________
☐ Accepted at the First Level of Review.

Assigned to: ___________________________ Title: ___________________________ Date Assigned: ___________ Date Due: ___________

First Level Responder: Complete a First Level response. Include Interviewer’s name, title, interview date, location, and complete the section below.

Date of Interview: ___________________________ Interview Location: ___________________________

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: ___________________________

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: ___________________________ Title: ___________________________ Signature: ___________________________ Date completed: ___________

Reviewer: ___________________________ Title: ___________________________ Signature: ___________________________

Date received by AC: ___________
D. If you are dissatisfied with the First Level response, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

Inmate/Parolee Signature: ___________________________ Date Submitted: ____________

E. Second Level - Staff Use Only

Staff – Check One: Is CDCR 602-A Attached? ☐ Yes ☐ No

This appeal has been:
☐ By-passed at Second Level of Review. Go to Section G.
☐ Rejected (See attached letter for instruction) Date: ____________ Date: ____________ Date: ____________ Date: ____________ Date: ____________
☐ Cancelled (See attached letter)
☐ Accepted at the Second Level of Review

Assigned to: ___________________________ Title: __________________ Date Assigned: ______________ Date Due: ______________

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer’s name and title, interview date and location, and complete the section below.

Date of Interview: ________________ Interview Location: ____________________________

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: ____________________________

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: ___________________________ Title: __________________ Signature: ______________ Date completed: ______________
Reviewer: ___________________________ Title: __________________ Signature: ______________

Date received by AC: ____________________________

AC Use Only
Date mailed/delivered to appellant ____________ / ____________ / ____________

F. If you are dissatisfied with the Second Level response, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

Inmate/Parolee Signature: ___________________________ Date Submitted: ______________

G. Third Level - Staff Use Only

This appeal has been:
☐ Rejected (See attached letter for instruction) Date: ____________ Date: ____________ Date: ____________ Date: ____________ Date: ____________
☐ Cancelled (See attached letter) Date: ____________
☐ Accepted at the Third Level of Review. Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: ____________________________

See attached Third Level response.

Third Level Use Only
Date mailed/delivered to appellant ____________ / ____________ / ____________

Request to Withdraw Appeal: I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

Inmate/Parolee Signature: ___________________________ Date: ______________

Print Staff Name: ___________________________ Title: __________________ Signature: __________________ Date: ______________