

IAB USE ONLY

Institution/Parole Region: Log #: Category:

FOR STAFF USE ONLY

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.

Name (Last, First):

CDC Number:

Unit/Cell Number:

Assignment:

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.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

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.

STAFF USE ONLY

C. First Level - Staff Use Only

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

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:

(Print Name)

Reviewer: Title: Signature:

(Print Name)

Date received by AC:

AC Use Only

Date mailed/delivered to appellant ___ / ___ / ___